Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan and Blue Care Network
Custom and Clinical Drug Lists
Alternatives for nonpreferred and nonformulary (not covered) drugs

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To help accomplish this, we encourage the use of drugs that have similar effectiveness, quality and safety, but at a fraction of the cost to more costly alternatives.

The list below shows the drugs that are nonpreferred or nonformulary (not covered) on the *Custom and Clinical Drug Lists* along with suggested covered preferred alternatives. In most cases, if you fill a prescription for a nonformulary drug, you'll pay the full retail price. Unless otherwise listed as an alternative, the generic equivalents of nonformulary brand-name drugs also aren't covered.

If you're currently using one of these drugs, ask your doctor if one of the preferred alternatives on the list, which has similar effectiveness and safety, is right for you.

This list is intended as a reference guide and doesn't dictate coverage. For tiering information specific to your drug benefit, check your plan documents. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

For a complete list of drugs and coverage requirements, go to **bcbsm.com/pharmacy**. If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross or BCN member ID card.

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ABIRATERONE TAB 500MG	NOT COVERED	ABIRATERONE TAB 250MG, XTANDI TAB 80MG, ERLEADA TAB 240MG
ABRILADA INJ 20/0.4ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ABRILADA INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ABRILADA 1PN INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ABRILADA 2PN INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ABSORICA LD CAP 16MG	NOT COVERED	ACCUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG, ZENATANE CAP 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ABSORICA LD CAP 24MG	NOT COVERED	ACCUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, ZENATANE CAP 30MG, AMNESTEEM CAP 40MG
ABSORICA LD CAP 32MG	NOT COVERED	ACCUTANE CAP 40MG, AMNESTEEM CAP 40MG, CLARAVIS CAP 40MG, ISOTRETINOIN CAP 40MG, ZENATANE CAP 40MG
ABSORICA LD CAP 8MG	NOT COVERED	ACCUTANE CAP 10MG, AMNESTEEM CAP 10MG, CLARAVIS CAP 10MG, ISOTRETINOIN CAP 10MG, ZENATANE CAP 10MG
ACCURETIC TAB 10-12.5	NONPREFERRED BRAND	QNAPRIL/HCTZ TAB 10-12.5, BENAZEP/HCTZ TAB 5-6.25MG, CAPTOPR/HCTZ TAB 25-15MG, ENALAPR/HCTZ TAB 5-12.5MG, FOSINOP/HCTZ TAB 10/12.5
ACTEMRA INJ 162/0.9	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, XELJANZ TAB 5MG
ACTEMRA INJ ACTPEN	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, XELJANZ TAB 5MG
ACUVAIL SOL 0.45%	NONPREFERRED BRAND	KETOROLAC SOL 0.4%, BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP
ACYCLOVIR CRE 5%	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
ADALIMU-AACF INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ADALIMU-ADAZ INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ADALIMU-ADBM KIT 10/0.2ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ADALIMU-ADBM KIT 20/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ADALIMU-ADBM KIT 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ADALIMU-FKJP KIT 20/0.4ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ADALIMU-FKJP KIT 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ADAPALENE PAD 0.1%SWAB	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
ADAPALENE SOL 0.1%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
ADDERALL TAB 10MG	NONPREFERRED BRAND	AMPHET/DEXTR TAB 10MG, DEXTROAMPHET TAB 7.5MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, AMPHETAMINE TAB 5MG
ADDERALL TAB 12.5MG	NONPREFERRED BRAND	AMPHET/DEXTR TAB 12.5MG, DEXTROAMPHET TAB 10MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, AMPHETAMINE TAB 5MG
ADDERALL TAB 15MG	NONPREFERRED BRAND	AMPHET/DEXTR TAB 15MG, DEXTROAMPHET TAB 15MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, AMPHETAMINE TAB 10MG
ADDERALL TAB 20MG	NONPREFERRED BRAND	AMPHET/DEXTR TAB 20MG, DEXTROAMPHET TAB 20MG, DEXMETHYLPH TAB 10MG, METHYLPHENID TAB 20MG, AMPHETAMINE TAB 10MG
ADDERALL TAB 30MG	NONPREFERRED BRAND	AMPHET/DEXTR TAB 30MG, DEXTROAMPHET TAB 30MG, DEXMETHYLPH TAB 10MG, METHYLPHENID TAB 20MG, AMPHETAMINE TAB 10MG
ADDERALL TAB 5MG	NONPREFERRED BRAND	AMPHET/DEXTR TAB 5MG, DEXTROAMPHET TAB 2.5MG, DEXMETHYLPH TAB 2.5MG, METHYLPHENID TAB 5MG, AMPHETAMINE TAB 5MG
ADDERALL TAB 7.5MG	NONPREFERRED BRAND	AMPHET/DEXTR TAB 7.5MG, DEXTROAMPHET TAB 5MG, DEXMETHYLPH TAB 2.5MG, METHYLPHENID TAB 5MG, AMPHETAMINE TAB 5MG
ADDERALL XR CAP 10MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPHE CAP 10MG ER, METHYLPHENID CAP 30MG ER, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG
ADDERALL XR CAP 15MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPH CAP 15MG ER, METHYLPHENID CAP 10MG ER, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ADDERALL XR CAP 20MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPH CAP 15MG ER, METHYLPHENID CAP 20MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
ADDERALL XR CAP 25MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 25MG ER, DEXMETHYLPHE CAP 20MG ER, METHYLPHENID CAP 30MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
ADDERALL XR CAP 30MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP ER 25MG, METHYLPHENID CAP 40MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
ADDERALL XR CAP 5MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, DEXMETHYLPHE CAP 5MG ER, METHYLPHENID CAP 10MG ER, LISDEXAMFETA CAP 10MG, VYVANSE CAP 10MG
ADHANSIA XR CAP 25MG	NOT COVERED	METHYLPHENID CAP 30MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
ADHANSIA XR CAP 35MG	NOT COVERED	METHYLPHENID CAP 30MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
ADHANSIA XR CAP 45MG	NOT COVERED	METHYLPHENID CAP 50MG ER, DEXMETHYLPHE CAP ER 25MG, AMPHET/DEXTR CAP 12.5 ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
ADHANSIA XR CAP 55MG	NOT COVERED	METHYLPHENID CAP 50MG ER, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
ADHANSIA XR CAP 70MG	NOT COVERED	METHYLPHENID CAP 60MG ER, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
ADHANSIA XR CAP 85MG	NOT COVERED	METHYLPHENID CAP 60MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
ADLARITY DIS 10MG/DAY	NONPREFERRED BRAND	RIVASTIGMINE DIS 13.3/24, DONEPEZIL TAB 10MG, GALANTAMINE TAB 12MG
ADLARITY DIS 5MG/DAY	NONPREFERRED BRAND	RIVASTIGMINE DIS 4.6MG/24, DONEPEZIL TAB 5MG, GALANTAMINE TAB 4MG
ADLYXIN INJ 10/20MCG	NOT COVERED	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
ADLYXIN INJ 20MCG	NOT COVERED	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
ADMELOG INJ 100U/ML	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
ADMELOG SOLO INJ 100U/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ADTHYZA TAB 120MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG
ADTHYZA TAB 130MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG
ADTHYZA TAB 15MG	NONPREFERRED BRAND	NP THYROID TAB 15MG, THYROID TAB 15MG, EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG
ADTHYZA TAB 16.25MG	NONPREFERRED BRAND	NP THYROID TAB 15MG, THYROID TAB 15MG, EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG
ADTHYZA TAB 30MG	NONPREFERRED BRAND	NP THYROID TAB 30MG, THYROID TAB 30MG, EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG
ADTHYZA TAB 32.5MG	NONPREFERRED BRAND	NP THYROID TAB 30MG, THYROID TAB 30MG, EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG
ADTHYZA TAB 60MG	NONPREFERRED BRAND	NP THYROID TAB 60MG, THYROID TAB 60MG, EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG
ADTHYZA TAB 65MG	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG
ADTHYZA TAB 90MG	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG
ADTHYZA TAB 97.5MG	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG
ADZENYS XR TAB 12.5MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, LISDEXAMFETA CHW 40MG, VYVANSE CHW 40MG
ADZENYS XR TAB 15.7 MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 25MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, LISDEXAMFETA CHW 50MG, VYVANSE CHW 50MG
ADZENYS XR TAB 18.8MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 50MG ER, METHYLPHENID TAB 72MG ER, DEXMETHYLPH CAP 40MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ADZENYS XR TAB 3.1MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
ADZENYS XR TAB 6.3MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 15MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 10MG ER, LISDEXAMFETA CHW 20MG, VYVANSE CHW 20MG
ADZENYS XR TAB 9.4MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 25MG ER, METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
AEMCOLO TAB 194MG	NONPREFERRED BRAND	AZITHROMYCIN TAB 250MG, CIPROFLOXACN TAB 250MG, LEVOFLOXACIN TAB 250MG, OFLOXACIN TAB 300MG
AFREZZA POW 12 UNIT	NONPREFERRED BRAND	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AFREZZA POW 4-8 UNIT	NONPREFERRED BRAND	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AFREZZA POW 4-8-12	NONPREFERRED BRAND	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AFREZZA POW 4UNIT	NONPREFERRED BRAND	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AFREZZA POW 8 UNIT	NONPREFERRED BRAND	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AFREZZA POW 8-12UNIT	NONPREFERRED BRAND	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AGAMREE SUS 40MG/ML	NONPREFERRED BRAND SPECIALTY	DEFLAZACORT TAB 6MG
AIRDUO DGHLR INH 113-14	NOT COVERED	BREYNA AER 80/4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
AIRDUO DGHLR INH 232-14	NOT COVERED	BREYNA AER 160/4.5, FLUTIC/SALME AER 500/50, ADVAIR HFA AER 230/21, BREO ELLIPTA INH 200-25
AIRDUO DGHLR INH 55-14	NOT COVERED	BREYNA AER 80/4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
AIRDUO RESPI INH 113-14	NOT COVERED	FLUTIC/SALME AER 100/50, BREYNA AER 80/4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
AIRDUO RESPI INH 232-14	NOT COVERED	FLUTIC/SALME AER 100/50, BREYNA AER 160/4.5, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
AIRDUO RESPI INH 55-14	NOT COVERED	FLUTIC/SALME AER 100/50, BREYNA AER 80/4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
AIRSUPRA AER 90-80MCG	NONPREFERRED BRAND	ALBUTEROL AER HFA, BREYNA AER 80/4.5, PULMICORT INH 90MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
AKLIEF CRE 0.005%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
AKYNZEO CAP 300-0.5	NONPREFERRED BRAND	GRANISETRON TAB 1MG, APREPITANT CAP 40MG, ONDANSETRON TAB 4MG
ALA-SCALP LOT 2%	NONPREFERRED BRAND	HYDROCORT LOT 2.5%, BETAMETH DIP LOT 0.05%, DESONIDE LOT 0.05%, FLURANDRENOL LOT 0.05%, FLUTICASONE LOT 0.05%
ALBUTEROL AER HFA	NOT COVERED	ALBUTEROL AER HFA
ALDACTAZIDE TAB 50/50	NONPREFERRED BRAND	SPIRONO/HCTZ TAB 25/25, AMILOR/HCTZ TAB 5-50, TRIAMT/HCTZ TAB 75-50MG, SPIRONOLACT TAB 50MG, HYDROCHLOROT TAB 50MG
ALKINDI SPRI CAP 0.5MG	NONPREFERRED BRAND	HYDROCORT TAB 5MG
ALKINDI SPRI CAP 1MG	NONPREFERRED BRAND	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 2MG	NONPREFERRED BRAND	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 5MG	NONPREFERRED BRAND	HYDROCORT TAB 5MG
ALLOPURINOL TAB 200MG	NOT COVERED	ALLOPURINOL TAB 100MG
ALLZITAL TAB 25-325MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG, IBU TAB 400MG
ALOCRIL SOL 2%	NONPREFERRED BRAND	CROMOLYN SOD SOL 4% OP
ALOG/PIOGLIT TAB 12.5-15	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
ALOG/PIOGLIT TAB 12.5-30	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
ALOG/PIOGLIT TAB 12.5-45	NOT COVERED	JENTADUETO TAB 2.5-850, JANUMET TAB 50-500MG
ALOG/PIOGLIT TAB 25-15MG	NOT COVERED	JENTADUETO TAB 2.5-850, JANUMET TAB 50-1000
ALOG/PIOGLIT TAB 25-30MG	NOT COVERED	JENTADUETO TAB 2.5-1000, JANUMET TAB 50-1000
ALOG/PIOGLIT TAB 25-45MG	NOT COVERED	JENTADUETO TAB 2.5-1000, JANUMET TAB 50-1000
ALOGLIPTIN TAB 12.5MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 50MG
ALOGLIPTIN TAB 25MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 100MG
ALOGLIPTIN TAB 6.25MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 25MG
ALOGLIPTIN/ TAB METFORM	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
ALOMIDE SOL 0.1% OP	NONPREFERRED BRAND	CROMOLYN SOD SOL 4% OP
ALTABAX OIN 1%	NOT COVERED	MUPIROCIN OIN 2%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ALTOPREV TAB 20MG ER	NOT COVERED	LOVASTATIN TAB 20MG, PRAVASTATIN TAB 20MG, SIMVASTATIN TAB 10MG, FLUVASTATIN TAB 80MG ER, PITAVASTATIN TAB 1MG
ALTOPREV TAB 40MG ER	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 40MG, SIMVASTATIN TAB 20MG, FLUVASTATIN TAB 80MG ER, PITAVASTATIN TAB 2MG
ALTOPREV TAB 60MG ER	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 40MG, FLUVASTATIN TAB 80MG ER, PITAVASTATIN TAB 4MG
ALTRENO LOT 0.05%	NONPREFERRED BRAND	TRETINOIN GEL 0.05%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
ALVAIZ	NOT COVERED	PROMACTA
ALVESCO AER 160MCG	NOT COVERED	PULMICORT INH 180MCG, ARNUITY ELPT INH 200MCG, ASMANEX HFA AER 200 MCG
ALVESCO AER 80MCG	NOT COVERED	PULMICORT INH 90MCG, ARNUITY ELPT INH 50MCG, ASMANEX HFA AER 50MCG
AMJEVITA INJ 10/0.2ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMJEVITA INJ 20/0.2ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMJEVITA INJ 20/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMJEVITA INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMJEVITA INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMJEVITA INJ 80/0.8ML	NOT COVERED	HUMIRA PEN KIT PS/UV, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMZEEQ AER 4%	NONPREFERRED BRAND	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SODIUM SULFA LIQ 10% WASH
ANALPRAM HC CRE 2.5-1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%, HYDROCORTISO CRE 2.5%, PROCTOFOAM AER HC 1%, HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ANALPRAM-HC LOT 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 1-1%, HYDROCORT CRE 1%, PROCTOFOAM AER HC 1%, ANUCORT-HC SUP 25MG, HYDROCORT AC SUP 25MG
ANALPRM SNGL CRE HC 2.5-1	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%, HYDROCORTISO CRE 2.5%, PROCTOFOAM AER HC 1%, HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG
ANGELIQ TAB 0.25-0.5	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5
ANGELIQ TAB 0.5-1MG	NONPREFERRED BRAND	ESTRA/NORETH TAB 1-0.5MG, FYAVOLV TAB 1-5, PREMPRO TAB 0.625-5
ANNOVERA MIS	NONPREFERRED BRAND	ELURYNG MIS, NORELGE/ETHI DIS 150/35, APRI TAB, DROSPIR/ETHI TAB 3-0.02MG, ETHY ETH EST TAB 1-35
ANUSOL-HC SUP 25MG	NONPREFERRED BRAND	ANUCORT-HC SUP 25MG, HYDROCORT AC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORT CRE 1%, HC PRAMOXINE CRE 1-1%
ANZEMET TAB 50MG	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 4MG
APADAZ TAB 4.08-325	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-15MG
APADAZ TAB 6.12-325	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 7.5-300, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-30MG
APADAZ TAB 8.16-325	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP TAB 10-300MG, HYDROCOD/IBU TAB 10-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-60MG
APAP/CAFFEIN TAB DIHYDROC	NOT COVERED	APAP-CAFFEIN CAP DIHYDROC, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-15MG, PENTAZ/NALOX TAB 50-0.5MG
APIDRA INJ SOLOSTAR	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
APIDRA INJ U-100	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
APLENZIN TAB 174MG	NOT COVERED	BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
APLENZIN TAB 348MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 15MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG
APLENZIN TAB 522MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
APTIOM TAB 200MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 150MG
APTIOM TAB 400MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 300MG
APTIOM TAB 600MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 300MG
APTIOM TAB 800MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 600MG
ARAKODA TAB 100MG	NONPREFERRED BRAND	CHLOROQUINE TAB 250MG, HYDROXYCHLOR TAB 100MG, ATOVAQ/PROGU TAB 62.5-25
ARANESP INJ 100MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
ARANESP INJ 10MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT
ARANESP INJ 150MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 10000/ML, RETACRIT INJ 10000UNT
ARANESP INJ 200MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
ARANESP INJ 25MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
ARANESP INJ 300MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
ARANESP INJ 40MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
ARANESP INJ 500MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
ARANESP INJ 60MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
ARAZLO LOT 0.045%	NOT COVERED	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
ARMONAIR DIG AER 113MCG	NOT COVERED	ARNUITY ELPT INH 100MCG, PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
ARMONAIR DIG AER 232MCG	NOT COVERED	ARNUITY ELPT INH 200MCG, PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
ARMONAIR DIG AER 55MCG	NOT COVERED	ARNUITY ELPT INH 50MCG, PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ARMOUR THYRO TAB 120MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG
ARMOUR THYRO TAB 15MG	NONPREFERRED BRAND	NP THYROID TAB 15MG, THYROID TAB 15MG, EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG
ARMOUR THYRO TAB 180MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG
ARMOUR THYRO TAB 240MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, EUTHYROX TAB 200MCG, LEVO-T TAB 200MCG, LEVOTHYROXIN TAB 200MCG
ARMOUR THYRO TAB 300MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, LEVO-T TAB 300 MCG, LEVOTHYROXIN TAB 300MCG, UNITHROID TAB 300MCG
ARMOUR THYRO TAB 30MG	NONPREFERRED BRAND	NP THYROID TAB 30MG, THYROID TAB 30MG, EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG
ARMOUR THYRO TAB 60MG	NONPREFERRED BRAND	NP THYROID TAB 60MG, THYROID TAB 60MG, EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG
ARMOUR THYRO TAB 90MG	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG
ASPRUZYO SPR GRA 1000MG	NONPREFERRED BRAND	RANOLAZINE TAB 1000MG, ATENOLOL TAB 100MG, METOPROL TAR TAB 100MG, AMLODIPINE TAB 10MG, NIFEDIPINE TAB 90MG ER
ASPRUZYO SPR GRA 500MG	NONPREFERRED BRAND	RANOLAZINE TAB 500MG ER, ATENOLOL TAB 25MG, METOPROL TAR TAB 25MG, AMLODIPINE TAB 2.5MG, NIFEDIPINE TAB 30MG ER
ASTAGRAF XL CAP 0.5MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 0.5MG
ASTAGRAF XL CAP 1MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 1MG
ASTAGRAF XL CAP 5MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 5MG
ATORVALIQ SUS 20MG/5ML	NOT COVERED	ATORVASTATIN TAB 20MG, ROSUVASTATIN TAB 5MG
AUGTYRO	NONPREFERRED BRAND SPECIALTY	ROZLYTREK CAPSULE, XALKORI, ZYKADIA
AURYXIA TAB 210MG	NONPREFERRED BRAND	SEVELAMER TAB 800MG, LANTHANUM CHW 500MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
AUSTEDO XR TAB 12MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG, TETRABENAZIN TAB 12.5MG
AUSTEDO XR TAB 24MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 12MG, TETRABENAZIN TAB 25MG
AUSTEDO XR TAB 6MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG, TETRABENAZIN TAB 12.5MG
AUSTEDO XR TAB TITR KIT	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG, TETRABENAZIN TAB 12.5MG
AUVELITY TAB 45-105MG	NONPREFERRED BRAND	BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG
AUVI-Q INJ 0.15MG	NOT COVERED	EPINEPHRINE INJ 0.15MG
AUVI-Q INJ 0.1MG	NOT COVERED	EPINEPHRINE INJ 0.15MG
AUVI-Q INJ 0.3MG	NOT COVERED	EPINEPHRINE INJ 0.3MG
AZASITE SOL 1%	NONPREFERRED BRAND	ERYTHROMYCIN OIN 5MG/GM, GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%
AZELEX CRE 20%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
AZSTARYS CAP 26.1-5.2	NONPREFERRED BRAND	METHYLPHENID CAP 10MG, LISDEXAMFETA CAP 10MG, VYVANSE CAP 10MG, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER
AZSTARYS CAP 39.2-7.8	NONPREFERRED BRAND	METHYLPHENID CAP 30MG, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER
AZSTARYS CAP 52.3-10.	NONPREFERRED BRAND	METHYLPHENID CAP 60MG, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER
BACLOFEN SOL 10MG/5ML	NONPREFERRED BRAND	BACLOFEN TAB 10MG, DANTROLENE CAP 100MG
BACLOFEN SOL 5MG/5ML	NONPREFERRED BRAND	BACLOFEN TAB 5MG, DANTROLENE CAP 50MG
BELBUCA MIS 150MCG	NONPREFERRED BRAND	BUPRENORPHIN DIS 7.5/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 300MCG	NONPREFERRED BRAND	BUPRENORPHIN DIS 7.5/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 450MCG	NONPREFERRED BRAND	BUPRENORPHIN DIS 10MCG/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 600MCG	NONPREFERRED BRAND	BUPRENORPHIN DIS 15MCG/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 750MCG	NONPREFERRED BRAND	BUPRENORPHIN DIS 15MCG/HR, TRAMADOL HCL TAB 300MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
BELBUCA MIS 75MCG	NONPREFERRED BRAND	BUPRENORPHIN DIS 5MCG/HR, TRAMADOL HCL TAB 100MG ER
BELBUCA MIS 900MCG	NONPREFERRED BRAND	BUPRENORPHIN DIS 20MCG/HR, TRAMADOL HCL TAB 300MG ER
BELSOMRA TAB 10MG	NONPREFERRED BRAND	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
BELSOMRA TAB 15MG	NONPREFERRED BRAND	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
BELSOMRA TAB 20MG	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
BELSOMRA TAB 5MG	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
BENZHY/ACETA TAB 4.08-325	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-15MG
BENZHY/ACETA TAB 6.12-325	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 7.5-300, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-30MG
BENZHY/ACETA TAB 8.16-325	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP TAB 10-300MG, HYDROCOD/IBU TAB 10-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-60MG
BESIVANCE SUS 0.6%	NONPREFERRED BRAND	CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%, LEVOFLOXACIN SOL 1.5%, MOXIFLOXACIN SOL HCL 0.5%, OFLOXACIN DRO 0.3% OP
BEVESPI AER 9-4.8MCG	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
BEXAGLIFLOZN TAB 20MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
BIJUVA CAP 0.5-100	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5
BIJUVA CAP 1-100MG	NONPREFERRED BRAND	ESTRA/NORETH TAB 1-0.5MG, FYAVOLV TAB 1-5, PREMPRO TAB 0.625-5
BIMZELX INJ 160MG/ML	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
BINOSTO TAB 70MG	NONPREFERRED BRAND	ALENDRONATE SOL 70/75ML, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
BISMTH/METR/ CAP TETRACY	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG
BONJESTA TAB 20-20MG	NONPREFERRED BRAND	DOXYL/PYRID TAB 10-10MG
BRENZAVVY TAB 20MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
BREXAFEMME TAB 150MG	NONPREFERRED BRAND	FLUCONAZOLE TAB 50MG, MICONAZOLE 3 SUP 200MG, TERCONAZOLE CRE 0.4%
BROMFED DM SOL 2-30-10	NONPREFERRED BRAND	BROM/PSE/DM SYP, PROMETH/COD SOL 6.25-10, BENZONATATE CAP 100MG, HYD POL/CPM SUS 10-8/5ML
BROMFENAC DRO 0.075%	NOT COVERED	BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.4%
BRONCHITOL CAP 40MG	NONPREFERRED BRAND SPECIALTY	PULMOZYME SOL 1MG/ML
BRONCHITOL CAP TOL TEST	NONPREFERRED BRAND SPECIALTY	PULMOZYME SOL 1MG/ML
BRYHALI LOT 0.01%	NONPREFERRED BRAND	BETA DIPROP LOT 0.05%, CLOBETASOL LOT 0.05%, DESOXIMETAS GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
BUPROPN HCL TAB 450MG XL	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
BUTAL/APAP CAP 50-300MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BUT/APAP/CAF CAP, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG, IBU TAB 400MG
BUTALB/ACETA TAB 50-300MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG, IBU TAB 400MG
BYDUREON BC INJ 2/0.85ML	NOT COVERED	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
BYETTA INJ 10MCG	NOT COVERED	OZEMPIC INJ 8MG/3ML, TRULICITY INJ 4.5/0.5, VICTOZA INJ 18MG/3ML
BYETTA INJ 5MCG	NOT COVERED	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
CABTREO GEL	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAM/BENZ GEL 1.2-2.5%, CLINDAMYCIN GEL 1%
CALCIPOTRIEN AER 0.005%	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CAPLYTA CAP 10.5MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, LURASIDONE TAB 20MG
CAPLYTA CAP 21MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG, OLANZAPINE TAB 7.5MG, LURASIDONE TAB 60MG
CAPLYTA CAP 42MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 80MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, LURASIDONE TAB 120MG
CARAC CRE 0.5%	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
CARBINOXAMIN TAB 6MG	NOT COVERED	CARBINOXAMIN TAB 4MG, CLEMASTINE TAB 2.68MG, PROMETHAZINE TAB 50MG, CYPROHEPTAD TAB 4MG, DESLORATADIN TAB 5MG
CARDURA XL TAB 4MG	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 4MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 1MG, TERAZOSIN CAP 1MG
CARDURA XL TAB 8MG	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 8MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 8MG, TERAZOSIN CAP 10MG
CARISOPRODOL TAB 250MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG
CARISOPRODOL TAB 350MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
CARISOPRODOL TAB ASA/COD	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, MELOXICAM TAB 7.5MG
CEQUA SOL 0.09%	NONPREFERRED BRAND	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
CHENODAL TAB 250MG	NONPREFERRED BRAND SPECIALTY	URSODIOL TAB 250MG
CHLORZOXAZON TAB 250MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG
CHLORZOXAZON TAB 375MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 7.5MG, TIZANIDINE TAB 2MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CHLORZOXAZON TAB 750MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
CHOR GONADOT INJ 10000UNT	NONPREFERRED BRAND SPECIALTY	GONAL-F INJ 1050UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
CIPRO (10%) SUS 500MG/5	NONPREFERRED BRAND	CIPROFLOXACN TAB 500MG
CIPRO (5%) SUS 250MG/5	NONPREFERRED BRAND	CIPROFLOXACN TAB 250MG
CIPRO HC SUS OTIC	NONPREFERRED BRAND	CIPRO/DEXA SUS 0.3-0.1%, CIPROFLOXACN SOL 0.2%, OFLOXACIN DRO 0.3%OTIC, CIPRO/FLUOC DRO PF
CITALOPRAM CAP 30MG	NOT COVERED	CITALOPRAM TAB 10MG, FLUOXETINE CAP 10MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, SERTRALINE TAB 25MG
CLARINEX-D TAB 2.5-120	NONPREFERRED BRAND	DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, CETIRIZINE SOL 1MG/ML, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
CLEMASTINE SYP 0.5/5ML	NOT COVERED	CLEMASTINE TAB 2.68MG, CARBINOXAMIN SOL 4MG/5ML, PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, CETIRIZINE SOL 1MG/ML
CLENPIQ SOL	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
CLEOCIN SUP 100MG	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
CLIMARA PRO DIS WEEKLY	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5, PREMPHASE TAB
CLIND/BENZ GEL 1.2-3.75	NOT COVERED	CLINDAM/BENZ GEL 1.2-2.5%, ERY/BENZOYL GEL 3-5%, CLINDAMYCIN GEL 1%
CLINDAMYCIN AER 1%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SODIUM SULFA LIQ 10% WASH
CLINDAMYCIN GEL TRETINOI	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAMY/BEN GEL 1-5%, CLINDAMYCIN GEL 1%, TRETINOIN GEL 0.025%
CLINDESSE CRE 2%	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
CLINPRO 5000 PST 1.1%	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
CLONIDINE ER TAB 0.17MG	NOT COVERED	CLONIDINE TAB 0.1MG
COMBIPATCH DIS	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5, PREMPHASE TAB

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CONCERTA TAB 18MG	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 15MG ER, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG
CONCERTA TAB 27MG	NONPREFERRED BRAND	METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 20MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
CONCERTA TAB 36MG	NONPREFERRED BRAND	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
CONCERTA TAB 54MG	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
CONJUPRI TAB 2.5MG	NOT COVERED	AMLODIPINE TAB 5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER
CONJUPRI TAB 5MG	NOT COVERED	AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, NIFEDIPINE TAB 90MG ER, NISOLDIPINE TAB 40MG ER
CONTRAVE TAB 8-90MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE TAB 37.5MG
CONZIP CAP 100MG	NOT COVERED	TRAMADOL HCL TAB 100MG ER
CONZIP CAP 200MG	NOT COVERED	TRAMADOL HCL TAB 200MG ER
CONZIP CAP 300MG	NOT COVERED	TRAMADOL HCL TAB 300MG ER
CORDRAN CRE 0.025%	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, TRIAMCINOLON CRE 0.025%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.01%, FLUTICASONE CRE 0.05%
CORDRAN CRE 0.05%	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, TRIAMCINOLON CRE 0.1%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%, FLUTICASONE CRE 0.05%
CORDRAN OIN 0.05%	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, TRIAMCINOLON OIN 0.05%, FLUOCIN ACET OIN 0.025%, ALCLOMETASON OIN 0.05%, DESONIDE OIN 0.05%
CORTIFOAM AER 90MG	NONPREFERRED BRAND	HYDROCORT ENE 100MG, BUDESONIDE TAB ER 9MG, MESALAMINE ENE 4GM, BALSALAZIDE CAP 750MG, PENTASA CAP 250MG CR
CORTISONE TAB 25MG	NOT COVERED	HYDROCORT TAB 5MG
CORTISPORIN SUS -TC OTIC	NONPREFERRED BRAND	NEO/POLY/HC SUS 1% OTIC
CORTROPHIN GEL 80UNIT	NOT COVERED	METHYLPRED TAB 4MG, PREDNISOLONE SOL 15MG/5ML, PREDNISONE TAB 1MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
COSENTYX INJ 150MG/ML	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML
COSENTYX INJ 300DOSE	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA START KIT 200MG/ML, HUMIRA PEN KIT PS/UV
COSENTYX INJ 75MG/0.5	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
COSENTYX PEN INJ 150MG/ML	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
COSENTYX PEN INJ 300DOSE	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML
COSENTYX UNO INJ 300/2ML	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA START KIT 200MG/ML, HUMIRA PEN KIT PS/UV
COTEMPLA XR TAB 17.3MG	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
COTEMPLA XR TAB 25.9MG	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG
COTEMPLA XR TAB 8.6MG	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
COXANTO CAP 300MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, OXAPROZIN TAB 600MG, FENOPROFEN CAP 400MG
CROTAN LOT 10%	NONPREFERRED BRAND	PERMETHRIN CRE 5%
CUVRIOR TAB 300MG	NOT COVERED	PENICILLAMIN TAB 250MG, TRIENTINE CAP 250MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CYCLOBENZAPR CAP 15MG ER	NOT COVERED	CYCLOBENZAPR TAB 10MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG
CYCLOBENZAPR CAP 30MG ER	NOT COVERED	CYCLOBENZAPR TAB 10MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG
CYCLOGYL SOL 0.5% OP	NONPREFERRED BRAND	CYCLOPENTOL SOL 1% OP
CYCLOGYL SOL 2% OP	NONPREFERRED BRAND	CYCLOPENTOL SOL 1% OP
CYCLOPHOSPH TAB 25MG	NONPREFERRED BRAND	CYCLOPHOSPH CAP 25MG
CYCLOPHOSPH TAB 50MG	NONPREFERRED BRAND	CYCLOPHOSPH CAP 50MG
CYCLOSET TAB 0.8MG	NONPREFERRED BRAND	METFORMIN TAB 500MG, TRADJENTA TAB 5MG, JANUVIA TAB 25MG, FARXIGA TAB 5MG, JARDIANCE TAB 10MG
CYLTEZO INJ 10/0.2ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
CYLTEZO INJ 20/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
CYLTEZO INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
CYLTEZO INJ CROHNS	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
CYLTEZO INJ PSORIASI	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
CYSTADROPS SOL 0.37%	NONPREFERRED BRAND SPECIALTY	CYSTARAN SOL 0.44%
DAPAGLIFLOZI TAB 10MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
DAPAGLIFLOZI TAB 5MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
DAPAGLIF-MET TAB 10-1000	NOT COVERED	XIGDUO XR TAB 10-1000, SYNJARDY XR TAB 25-1000, FARXIGA TAB 10MG, METFORMIN TAB 750MG ER
DAPAGLIF-MET TAB 5-1000MG	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB 10-1000, FARXIGA TAB 5MG, METFORMIN TAB 750MG ER
DAPSONE GEL 7.5%	NOT COVERED	DAPSONE GEL 5%, CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SODIUM SULFA LIQ 10% WASH

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DAYVIGO TAB 10MG	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
DAYVIGO TAB 5MG	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
DENTA 5000 CRE PLUS	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
DENTA 5000 CRE PLUS 2PK	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
DENTAGEL GEL 1.1%	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
DEPO-ESTRADI INJ 5MG/ML	NONPREFERRED BRAND	ESTRAD VAL INJ 10MG/ML
DESVENLAFAX TAB 100MG ER	NONPREFERRED BRAND	DESVENLAFAX TAB 100MG ER, VENLAFAXINE CAP 150MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG
DESVENLAFAX TAB 50MG ER	NONPREFERRED BRAND	DESVENLAFAX TAB 50MG ER, VENLAFAXINE CAP 37.5 ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
DEXABLISS TAB 1.5MG	NOT COVERED	DEXAMETHASON TAB 1.5MG
DHIVY TAB 25-100MG	NOT COVERED	CARB/LEVO TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP
DICLOFENAC CAP 35MG	NONPREFERRED BRAND	DICLOFENAC TAB 75MG DR, IBU TAB 800MG, NAPROXEN TAB 500MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG
DICLOFENAC DIS 1.3%	NONPREFERRED BRAND	MELOXICAM TAB 7.5MG, ETODOLAC CAP 200MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, IBU TAB 400MG
DICLOFENAC POW 50MG	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG
DICLOFENAC TAB 25MG	NOT COVERED	DICLOFENAC TAB 25MG DR, IBU TAB 400MG, NAPROXEN TAB 250MG, FLURBIPROFEN TAB 50MG, OXAPROZIN TAB 600MG
DIFFERIN LOT 0.1%	NONPREFERRED BRAND	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
DIFICID SUS	NONPREFERRED BRAND	VANCOMYCIN SOL 25MG/ML
DIFICID TAB 200MG	NONPREFERRED BRAND	VANCOMYCIN CAP 125MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DIPENTUM CAP 250MG	NONPREFERRED BRAND	SULFASALAZIN TAB 500MG, BALSALAZIDE CAP 750MG, MESALAMINE CAP 400MG DR, PENTASA CAP 250MG CR
DIURIL SUS 250/5ML	NONPREFERRED BRAND	HYDROCHLOROT TAB 12.5MG
DORYX MPC TAB 120MG	NONPREFERRED BRAND	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
DORYX MPC TAB 60MG	NONPREFERRED BRAND	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
DOXYCYCL HYC TAB 50MG	NOT COVERED	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
DOXYCYCL HYC TAB 80MG DR	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 75MG
DOXYCYCLINE TAB 75MG	NOT COVERED	DOXYCYCLINE TAB 150MG, DOXYCYC MONO TAB 75MG
DUAKLIR AER 400/12	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
DUAVEE TAB 0.45-20	NONPREFERRED BRAND	RALOXIFENE TAB 60MG, ALENDRONATE TAB 5MG, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
DULERA AER 100-5MCG	NOT COVERED	BREYNA AER 80/4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
DULERA AER 200-5MCG	NOT COVERED	BREYNA AER 160/4.5, FLUTIC/SALME AER 500/50, ADVAIR HFA AER 230/21, BREO ELLIPTA INH 200-25
DULERA AER 50-5MCG	NOT COVERED	BREYNA AER 80/4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
DUOBRII LOT	NONPREFERRED BRAND	CALCIPOTRIEN OIN BETAMETH, TAZAROTENE GEL 0.05%
DUTOPROL TAB 100-12.5	NONPREFERRED BRAND	METOPRL/HCTZ TAB 100-50MG, ATENOL/CHLOR TAB 100-25MG, BISOPRL/HCTZ TAB 10/6.25, METOPROL SUC TAB 100MG ER, HYDROCHLOROT TAB 12.5MG
DUTOPROL TAB 25-12.5	NONPREFERRED BRAND	METOPRL/HCTZ TAB 50-25MG, ATENOL/CHLOR TAB 50-25MG, BISOPRL/HCTZ TAB 2.5/6.25, METOPROL SUC TAB 25MG ER, HYDROCHLOROT TAB 12.5MG
DUTOPROL TAB 50-12.5	NONPREFERRED BRAND	METOPRL/HCTZ TAB 100-25MG, ATENOL/CHLOR TAB 50-25MG, BISOPRL/HCTZ TAB 5-6.25MG, METOPROL SUC TAB 50MG ER, HYDROCHLOROT TAB 12.5MG
DXEVO 11-DAY PAK 1.5MG	NOT COVERED	DEXAMETHASON TAB 1.5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DYANAVEL XR CHW 10MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 20MG ER, METHYLPHENID TAB 27MG ER, DEXMETHYLPH CAP 15MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
DYANAVEL XR CHW 15MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 12.5 ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 30MG ER, LISDEXAMFETA CHW 40MG, VYVANSE CHW 40MG
DYANAVEL XR CHW 20MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 50MG ER, METHYLPHENID TAB 72MG ER, DEXMETHYLPH CAP 40MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG
DYANAVEL XR CHW 5MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
DYANAVEL XR SUS 2.5MG/ML	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
ECOZA AER 1%	NONPREFERRED BRAND	ECONAZOLE CRE 1%, KETOCONAZOLE AER 2%, CLOTRIMAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
EDARBI TAB 40MG	NONPREFERRED BRAND	IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG, OLMESA MEDOX TAB 5MG, TELMISARTAN TAB 20MG, VALSARTAN TAB 40MG
EDARBI TAB 80MG	NONPREFERRED BRAND	IRBESARTAN TAB 300MG, LOSARTAN POT TAB 100MG, OLMESA MEDOX TAB 40MG, TELMISARTAN TAB 80MG, VALSARTAN TAB 320MG
EDARBYCLOR TAB 40-12.5	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 150-12.5, LOSARTAN/HCT TAB 50-12.5, OLM MED/HCTZ TAB 20-12.5, TELMISA/HCTZ TAB 40-12.5, VALSART/HCTZ TAB 80-12.5
EDARBYCLOR TAB 40-25MG	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 300-12.5, LOSARTAN/HCT TAB 100-25, OLM MED/HCTZ TAB 40-25MG, TELMISA/HCTZ TAB 80-25MG, VALSART/HCTZ TAB 320-25MG
EDEX KIT 10MCG	NONPREFERRED BRAND	CAVERJECT IM KIT 10MCG, SILDENAFIL TAB 25MG, TADALAFIL TAB 2.5MG, VARDENAFIL TAB 2.5MG
EDEX KIT 20MCG	NONPREFERRED BRAND	CAVERJECT KIT 20MCG, SILDENAFIL TAB 50MG, TADALAFIL TAB 5MG, VARDENAFIL TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
EDEX KIT 40MCG	NONPREFERRED BRAND	CAVERJECT KIT 20MCG, SILDENAFIL TAB 100MG, TADALAFIL TAB 20MG, VARDENAFIL TAB 20MG
EDLUAR SUB 10MG	NONPREFERRED BRAND	ZOLPIDEM TAR SUB 3.5MG, ESZOPICLONE TAB 3MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, TRAZODONE TAB 300MG
EDLUAR SUB 5MG	NONPREFERRED BRAND	ZOLPIDEM TAR SUB 3.5MG, ESZOPICLONE TAB 2MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, TRAZODONE TAB 150MG
ELEPSIA XR TAB 1000MG	NONPREFERRED BRAND	LEVETIRACETA TAB 750MG ER
ELEPSIA XR TAB 1500MG	NONPREFERRED BRAND	LEVETIRACETA TAB 750MG ER
ELESTRIN GEL 0.06%	NONPREFERRED BRAND	ESTRADIOL GEL 0.25MG, DOTTI DIS 0.025MG, ESTROGEL GEL
ELITE-OB TAB	NOT COVERED	THRIVITE RX TAB 29-1MG
ELYXYB SOL 120/4.8	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN TAB 250MG, DICLOFEN POT TAB 50MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG
EMFLAZA SUS 22.75/ML	NONPREFERRED BRAND SPECIALTY	DEFLAZACORT TAB 6MG
EMGALITY INJ 120MG/ML	NONPREFERRED BRAND	AIMOVIG INJ 140MG/ML, AJOVY INJ 225/1.5, QULIPTA TAB 60MG, NURTEC TAB 75MG ODT
EMSAM DIS 12MG/24H	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANYLCYPROM TAB 10MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 40MG
EMSAM DIS 6MG/24HR	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANYLCYPROM TAB 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE CAP 10MG
EMSAM DIS 9MG/24HR	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANYLCYPROM TAB 10MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG
ENDARI POW 5GM	NONPREFERRED BRAND	DROXIA CAP 200MG
ENDOMETRIN SUP 100MG	NONPREFERRED BRAND	CRINONE GEL 4% VAG
ENSTILAR AER	NONPREFERRED BRAND	CALCIPOTRIEN OIN BETAMETH, TAZAROTENE CRE 0.1%
ENTADFI CAP 5-5MG	NOT COVERED	DUTAST/TAMSU CAP 0.5-0.4, DUTASTERIDE CAP 0.5MG, SILODOSIN CAP 4MG, TAMSULOSIN CAP 0.4MG, FINASTERIDE TAB 5MG
ENTYVIO INJ 108/0.68	NOT COVERED	SIMPONI INJ 50/0.5ML, HUMIRA PEN INJ 40MG/0.8, STELARA INJ 45MG/0.5
ENVARSUS XR TAB 0.75MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 0.5MG
ENVARSUS XR TAB 1MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 1MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ENVARSUS XR TAB 4MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 5MG
EPOGEN INJ 10000/ML	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 10000/ML, RETACRIT INJ 10000UNT
EPOGEN INJ 2000/ML	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT
EPOGEN INJ 20000/ML	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
EPOGEN INJ 3000/ML	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
EPOGEN INJ 4000/ML	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
EPRONTIA SOL 25MG/ML	NONPREFERRED BRAND	TOPIRAMATE CAP 25MG
EPSOLAY CRE 5%	NOT COVERED	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%, IVERMECTIN CRE 1%, DOXYCYCLINE CAP 40MG
EQUETRO CAP 100MG	NONPREFERRED BRAND	CARBAMAZEPIN TAB 200MG
EQUETRO CAP 200MG	NONPREFERRED BRAND	CARBAMAZEPIN TAB 200MG
EQUETRO CAP 300MG	NONPREFERRED BRAND	CARBAMAZEPIN TAB 200MG
ERMEZA SOL 150/5ML	NOT COVERED	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
ERTACZO CRE 2%	NONPREFERRED BRAND	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
ESOMEPRAZOLE CAP 49.3MG	NOT COVERED	ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG
EVAMIST SPR 1.53MG	NONPREFERRED BRAND	DOTTI DIS 0.025MG, ESTRADIOL DIS 0.025MG, ESTROGEL GEL, PREMARIN TAB 0.3MG
EVEKEO ODT TAB 10MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 10MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG, AMPHETAMINE TAB 10MG
EVEKEO ODT TAB 15MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 15MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG, AMPHETAMINE TAB 10MG
EVEKEO ODT TAB 20MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 30MG, METHYLPHENID CHW 10MG, DEXMETHYLPH TAB 10MG, AMPHETAMINE TAB 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
EVEKEO ODT TAB 5MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, METHYLPHENID CHW 2.5MG, DEXMETHYLPH TAB 2.5MG, AMPHETAMINE TAB 5MG
EXELDERM CRE 1%	NONPREFERRED BRAND	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
EXELDERM SOL 1%	NONPREFERRED BRAND	CLOTRIMAZOLE SOL 1%, KETOCONAZOLE CRE 2%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
EXSERVAN MIS 50MG	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
EXTAVIA INJ 0.3MG	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
EYSUVIS DRO 0.25%	NOT COVERED	LOTEPREDNOL SUS 0.5%
EZALLOR SPR CAP 10MG	NOT COVERED	ROSUVASTATIN TAB 10MG, ATORVASTATIN TAB 20MG, PITAVASTATIN TAB 4MG
EZALLOR SPR CAP 20MG	NOT COVERED	ROSUVASTATIN TAB 20MG, ATORVASTATIN TAB 40MG, PITAVASTATIN TAB 4MG
EZALLOR SPR CAP 40MG	NOT COVERED	ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG, PITAVASTATIN TAB 4MG
EZALLOR SPR CAP 5MG	NOT COVERED	ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 20MG, PITAVASTATIN TAB 4MG
EZETIM/ROSUV TAB 10-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 10MG
EZETIM/ROSUV TAB 10-20MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 20MG
EZETIM/ROSUV TAB 10-40MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 40MG
EZETIM/ROSUV TAB 10-5MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 5MG
FABIOR AER 0.1%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
FABHALTA	NONPREFERRED BRAND SPECIALTY	EMPAVELI
FANAPT PAK	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, ZIPRASIDONE CAP 20MG, ARIPIPRAZOLE TAB 2MG
FANAPT TAB 10MG	NONPREFERRED BRAND	RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG, OLANZAPINE TAB 15MG, ZIPRASIDONE CAP 60MG, ARIPIPRAZOLE TAB 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FANAPT TAB 12MG	NONPREFERRED BRAND	RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, ZIPRASIDONE CAP 80MG, ARIPIPRAZOLE TAB 30MG
FANAPT TAB 1MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, ZIPRASIDONE CAP 20MG, ARIPIPRAZOLE TAB 2MG
FANAPT TAB 2MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG, OLANZAPINE TAB 5MG, ZIPRASIDONE CAP 40MG, ARIPIPRAZOLE TAB 5MG
FANAPT TAB 4MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 7.5MG, ZIPRASIDONE CAP 40MG, ARIPIPRAZOLE TAB 10MG
FANAPT TAB 6MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG, OLANZAPINE TAB 7.5MG, ZIPRASIDONE CAP 40MG, ARIPIPRAZOLE TAB 10MG
FANAPT TAB 8MG	NONPREFERRED BRAND	RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 10MG, ZIPRASIDONE CAP 60MG, ARIPIPRAZOLE TAB 15MG
FEMRING MIS 0.05/24H	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG, DOTTI DIS 0.025MG, ESTROGEL GEL
FEMRING MIS 0.1MG/24	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG, DOTTI DIS 0.1MG, ESTROGEL GEL
FENOFIB MICR CAP 30MG	NONPREFERRED BRAND	FENOFIBRATE CAP 67MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FENOFIBRIC TAB 105MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FENOFIBRIC TAB 35MG	NOT COVERED	FENOFIBRATE TAB 48MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FENOPROFEN CAP 200MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG
FENOPROFEN TAB 600MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, FENOPROFEN CAP 400MG, FLURBIPROFEN TAB 50MG
FENORTHO CAP 200MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG
FENTANYL DIS 37.5MCG	NOT COVERED	FENTANYL DIS 25MCG/HR, HYDROCODONE TAB 40MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, HYDROMORPHON TAB 12MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FENTANYL DIS 62.5MCG	NOT COVERED	FENTANYL DIS 50MCG/HR, HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, HYDROMORPHON TAB 16MG ER
FENTANYL DIS 87.5MCG	NOT COVERED	FENTANYL DIS 75MCG/HR, HYDROCODONE TAB 100MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, HYDROMORPHON TAB 32MG ER
FENTANYL CIT TAB 100MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 200MCG
FENTANYL CIT TAB 200MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 400MCG
FENTANYL CIT TAB 400MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 600MCG
FENTANYL CIT TAB 600MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 1200MCG
FENTANYL CIT TAB 800MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 1600MCG
FENTORA TAB 100MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 200MCG
FENTORA TAB 200MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 400MCG
FENTORA TAB 400MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 600MCG
FENTORA TAB 600MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 1200MCG
FENTORA TAB 800MCG	NONPREFERRED BRAND	FENTANYL OT LOZ 1600MCG
FERPRX 2-DAY TAB 1000MG	NONPREFERRED BRAND SPECIALTY	DEFERIPRONE TAB 1000MG, DEFERASIROX TAB 360MG
FERRIPROX SOL 100MG/ML	NONPREFERRED BRAND SPECIALTY	DEFERIPRONE TAB 500MG, DEFERASIROX GRA 90MG
FETZIMA CAP 120MG	NONPREFERRED BRAND	VENLAFAXINE CAP 150MG ER, DESVENLAFAX TAB 100MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG
FETZIMA CAP 20MG	NONPREFERRED BRAND	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
FETZIMA CAP 40MG	NONPREFERRED BRAND	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 30MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 15MG
FETZIMA CAP 80MG	NONPREFERRED BRAND	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 30MG
FETZIMA CAP TITRATIO	NONPREFERRED BRAND	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FIBRICOR TAB 105MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FIBRICOR TAB 35MG	NOT COVERED	FENOFIBRATE TAB 48MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FINACEA AER 15%	NONPREFERRED BRAND	AZELAIC ACID GEL 15%, METRONIDAZOL CRE 0.75%, IVERMECTIN CRE 1%, DOXYCYCLINE CAP 40MG
FLAREX SUS 0.1% OP	NONPREFERRED BRAND	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%
FLECTOR DIS 1.3%	NONPREFERRED BRAND	MELOXICAM TAB 7.5MG, ETODOLAC CAP 200MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, IBU TAB 400MG
FLOLIPID SUS 20MG/5ML	NOT COVERED	SIMVASTATIN TAB 20MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG, FLUVASTATIN CAP 20MG, PITAVASTATIN TAB 1MG
FLOLIPID SUS 40MG/5ML	NOT COVERED	SIMVASTATIN TAB 40MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, FLUVASTATIN CAP 40MG, PITAVASTATIN TAB 4MG
FLUORID SENS PST 1.1-5%	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
FLUORIDEX PST 1.1%	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
FLUORIMAX PST 5000	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
FLUORMX 5000 PST SENSITIV	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
FLUOROURACIL CRE 0.5%	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
FLUTIC/SALME AER 115-21	NOT COVERED	FLUTIC/SALME AER 100/50, BREYNA AER 80/4.5, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
FLUTIC/SALME AER 230-21	NOT COVERED	FLUTIC/SALME AER 500/50, BREYNA AER 160/4.5, ADVAIR HFA AER 230/21, BREO ELLIPTA INH 200-25
FLUTIC/SALME AER 45-21MCG	NOT COVERED	FLUTIC/SALME AER 100/50, BREYNA AER 80/4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
FLUTIC/SALME INH 113/14	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, BREYNA AER 80/4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
FLUTIC/SALME INH 232/14	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, BREYNA AER 160/4.5, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FLUTIC/SALME INH 55/14	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, BREYNA AER 80/4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
FLUTIC/VILAN INH 100-25	NOT COVERED	BREYNA AER 80/4.5, FLUTIC/SALME AER 100/50, BREO ELLIPTA INH 100-25, ADVAIR HFA AER 115/21
FLUTIC/VILAN INH 200-25	NOT COVERED	BREYNA AER 160/4.5, FLUTIC/SALME AER 500/50, BREO ELLIPTA INH 200-25, ADVAIR HFA AER 230/21
FLUTICAS HFA AER 110MCG	NONPREFERRED BRAND	ARNUITY ELPT INH 100MCG, PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
FLUTICAS HFA AER 220MCG	NONPREFERRED BRAND	ARNUITY ELPT INH 200MCG, PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
FLUTICAS HFA AER 44MCG	NONPREFERRED BRAND	ARNUITY ELPT INH 50MCG, PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
FLUTICASONE AER 100MCG	NONPREFERRED BRAND	ARNUITY ELPT INH 100MCG, PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
FLUTICASONE AER 250MCG	NONPREFERRED BRAND	ARNUITY ELPT INH 200MCG, PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
FLUTICASONE AER 50MCG	NONPREFERRED BRAND	ARNUITY ELPT INH 50MCG, PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
FOLLISTIM AQ INJ 300UNIT	NONPREFERRED BRAND SPECIALTY	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
FOLLISTIM AQ INJ 600UNIT	NONPREFERRED BRAND SPECIALTY	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
FOLLISTIM AQ INJ 900UNIT	NONPREFERRED BRAND SPECIALTY	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 1050UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
FORFIVO XL TAB 450MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
FOSAMAX + D TAB 70-2800	NONPREFERRED BRAND	ALENDRONATE TAB 70MG, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
FOSAMAX + D TAB 70-5600	NONPREFERRED BRAND	ALENDRONATE TAB 70MG, RISEDRONATE TAB 150MG, IBANDRONATE TAB 150MG
FOSRENOL POW 1000MG	NONPREFERRED BRAND	LANTHANUM CHW 1000MG, SEVELAMER POW 2.4GM
FOSRENOL POW 750MG	NONPREFERRED BRAND	LANTHANUM CHW 750MG, SEVELAMER POW 0.8GM

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FRAGMIN INJ 10000/ML	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 5/0.4ML
FRAGMIN INJ 12500UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 7.5/0.6
FRAGMIN INJ 15000UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 7.5/0.6
FRAGMIN INJ 18000UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 10/0.8ML
FRAGMIN INJ 2500/0.2	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 2.5/0.5
FRAGMIN INJ 2500/ML	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 2.5/0.5
FRAGMIN INJ 5000/0.2	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 5/0.4ML
FRAGMIN INJ 7500/0.3	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 5/0.4ML
FRAGMIN INJ 95000UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 10/0.8ML
FULPHILA INJ 6/0.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
FUROSCIX KIT 80/10ML	NONPREFERRED BRAND SPECIALTY	FUROSEMIDE TAB 20MG, BUMETANIDE TAB 0.5MG, TORSEMIDE TAB 5MG, ETHACRYNIC TAB ACD 25MG
FYLNETRA INJ 6MG/0.6	NOT COVERED	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
GELNIQUE GEL 10%	NONPREFERRED BRAND	OXYBUTYNIN TAB 2.5MG, SOLIFENACIN TAB 5MG, DARIFENACIN TAB 7.5MG, FESOTERODINE TAB 4MG ER, TOLTERODINE TAB 1MG
GEMTESA TAB 75MG	NONPREFERRED BRAND	OXYBUTYNIN TAB 2.5MG, SOLIFENACIN TAB 5MG, TOLTERODINE TAB 1MG, TROSPIUM CL TAB 20MG, DARIFENACIN TAB 7.5MG
GENTAK OIN 0.3% OP	NONPREFERRED BRAND	GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%
GILENYA CAP 0.25MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
GIMOTI SPR 15MG	NOT COVERED	METOCLOPRAM SOL 5MG/5ML
GLARGIN YFGN INJ 100U/ML	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML, LEVEMIR INJ

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
GLARGIN YFGN SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML, LEVEMIR INJ
GLOPERBA SOL 0.6/5ML	NOT COVERED	COLCHICINE TAB 0.6MG
GLUCAGEN INJ HYPOKIT	NOT COVERED	GLUCAGON KIT 1MG, GVOKE KIT SOL 1MG/0.2M, GVOKE HYPO 1 INJ .5/.1ML, GVOKE PFS INJ, ZEGALOGUE INJ 0.6/0.6
GLUCAGON EMR SOL 1MG	NOT COVERED	GLUCAGON KIT 1MG, GVOKE KIT SOL 1MG/0.2M, GVOKE HYPO 1 INJ .5/.1ML, GVOKE PFS INJ, ZEGALOGUE INJ 0.6/0.6
GLYCATE TAB 1.5MG	NOT COVERED	GLYCOPYRROL TAB 1MG, PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG, ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR
GLYCOPYRROLA TAB 1.5MG	NOT COVERED	GLYCOPYRROL TAB 1MG, PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG, ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR
GOCOVRI CAP 137MG	NOT COVERED	AMANTADINE CAP 100MG
GOCOVRI CAP 68.5MG	NOT COVERED	AMANTADINE CAP 100MG
GOJJI STRIPS MIS W/LANCET	NONPREFERRED BRAND	ACCU-CHEK TES AVIVA PL, ACCUTREND TES GLUCOSE, ADVANCE TES INTUITIO, ADVOCATE TES REDICODE, AGAMATRIX TES AMP
GONITRO POW 400MCG	NONPREFERRED BRAND	NITROGLYCERN SUB 0.4MG
GRALISE TAB 450MG	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, PREGABALIN CAP 75MG
GRALISE TAB 750MG	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, PREGABALIN CAP 200MG
GRALISE TAB 900MG	NONPREFERRED BRAND	GABAPENTIN TAB 800MG, PREGABALIN CAP 300MG
GRANIX INJ 300/0.5	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
GRANIX INJ 300/1ML	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
GRANIX INJ 480/0.8	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
GRANIX INJ 480/1.6	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
GRASTEK SUB 2800BAU	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.1%
GYNAZOLE-1 CRE 2%	NONPREFERRED BRAND	MICONAZOLE 3 SUP 200MG, TERCONAZOLE CRE 0.4%
HADLIMA INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
HADLIMA INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HADLIMA PUSH INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HADLIMA PUSH INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HALOBETASOL AER 0.05%	NOT COVERED	BETAMETH VAL AER 0.12%, CLOBETASOL AER 0.05%, DESOXIMETAS GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
HALOG OIN 0.1%	NONPREFERRED BRAND	HALCINONIDE CRE 0.1%, TRIAMCINOLON OIN 0.5%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%, FLUTICASONE OIN 0.005%
HALOG SOL 0.1%	NONPREFERRED BRAND	CLOBETASOL SOL 0.05%, FLUOCINONIDE SOL 0.05%, BETAMETH VAL AER 0.12%, DESOXIMETAS GEL 0.05%, HALCINONIDE CRE 0.1%
HARVONI PAK	NONPREFERRED BRAND SPECIALTY	LEDIP-SOFOSB TAB 90-400MG, EPCLUSA PAK 150-37.5, ZEPATIER TAB 50-100MG, SOFOS/VELPAT TAB 400-100
HARVONI PAK 45-200MG	NONPREFERRED BRAND SPECIALTY	LEDIP-SOFOSB TAB 90-400MG, EPCLUSA PAK 200-50MG, ZEPATIER TAB 50-100MG, SOFOS/VELPAT TAB 400-100
HARVONI TAB 45-200MG	NONPREFERRED BRAND SPECIALTY	LEDIP-SOFOSB TAB 90-400MG, ZEPATIER TAB 50-100MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
HARVONI TAB 90-400MG	NONPREFERRED BRAND SPECIALTY	LEDIP-SOFOSB TAB 90-400MG, ZEPATIER TAB 50-100MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
HELIDAC MIS THERAPY	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG
HEMADY TAB 20MG	NOT COVERED	DEXAMETHASON TAB 6MG
HEMANGEOL SOL 4.28/ML	NONPREFERRED BRAND	PROPRANOLOL SOL 40MG/5ML
HEMMOREX-HC SUP 30MG	NONPREFERRED BRAND	HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORTISO CRE 2.5%, HC PRAMOXINE CRE 2.5-1%
HIDEX 6-DAY PAK 1.5MG	NOT COVERED	DEXAMETHASON TAB 1.5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
HORIZANT TAB 300MG ER	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, PREGABALIN CAP 25MG, PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG
HORIZANT TAB 600MG ER	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, PREGABALIN CAP 300MG, PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG
HULIO INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HULIO KIT 20/0.4ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HUMALOG INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG JR INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG KWIK INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG KWIK INJ 200/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 50/50	NOT COVERED	NOVOLIN N INJ U-100, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 50/50KWP	NOT COVERED	NOVOLIN N INJ U-100, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 75/25KWP	NOT COVERED	NOVOLOG MIX INJ 70/30
HUMALOG MIX SUS 75/25	NOT COVERED	NOVOLOG MIX INJ 70/30
HUMATROPE INJ 12MG	NONPREFERRED BRAND SPECIALTY	GENOTROPIN INJ 12MG, NORDITROPIN INJ 5/1.5ML
HUMATROPE INJ 24MG	NONPREFERRED BRAND SPECIALTY	GENOTROPIN INJ 5MG, NORDITROPIN INJ 10/1.5ML
HUMATROPE INJ 6MG	NONPREFERRED BRAND SPECIALTY	GENOTROPIN INJ 5MG, NORDITROPIN INJ 5/1.5ML
HUMULIN INJ 70/30	NOT COVERED	NOVOLIN INJ 70/30
HUMULIN INJ 70/30KWP	NOT COVERED	NOVOLIN INJ 70/30 FP
HUMULIN N INJ U-100	NOT COVERED	NOVOLIN N INJ U-100
HUMULIN N INJ U-100KWP	NOT COVERED	NOVOLIN N INJ 100 UNIT
HUMULIN R INJ U-100	NOT COVERED	NOVOLIN R INJ U-100
HYRIMOZ INJ 10/0.1ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HYRIMOZ INJ 20/0.2ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
HYRIMOZ INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HYRIMOZ INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HYRIMOZ INJ 80/0.8ML	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HYRIMOZ SENS INJ 80/0.8ML	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HYRIMOZ-CROH INJ UC SP	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HYRIMOZ-PED INJ CROHNS	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HYRIMOZ-PLAQ INJ PSORIASI	NOT COVERED	HUMIRA PEN KIT PS/UV, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
IBSRELA TAB 50MG	NONPREFERRED BRAND	LUBIPROSTONE CAP 8MCG, LINZESS CAP 72MCG
IBU/FAMOT TAB 800-26.6	NOT COVERED	IBU TAB 800MG, FAMOTIDINE TAB 20MG
IDACIO 2-PEN INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
IDACIO 2-SYR INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
IDACIO CROHN INJ DISEASE	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
IDACIO PLAQU INJ PSORIASI	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ILEVRO DRO 0.3% OP	NOT COVERED	BROMFENAC SOL 0.09% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.5%
IMBRUVICA TAB 140MG	NOT COVERED	IMBRUVICA TAB 280MG
IMPOYZ CRE 0.025%	NOT COVERED	CLOBETASOL CRE 0.05%, TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, DESOXIMETAS CRE 0.25%, DIFLORASONE CRE 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
IMVEXXY MAIN SUP 10MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG
IMVEXXY MAIN SUP 4MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG
IMVEXXY STRT SUP 10MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG
IMVEXXY STRT SUP 4MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG
INCRUSE ELPT INH 62.5MCG	NOT COVERED	TIOTROP BROM CAP 18MCG, SPIRIVA AER 1.25MCG, BREYNA AER 160/4.5, FLUTIC/SALME AER 250/50, BREO ELLIPTA INH 100-25
INDERAL XL CAP 120MG	NOT COVERED	PROPRANOLOL CAP 120MG ER, NADOLOL TAB 80MG, PINDOLOL TAB 10MG, TIMOLOL MAL TAB 20MG
INDERAL XL CAP 80MG	NOT COVERED	PROPRANOLOL CAP 80MG ER, NADOLOL TAB 20MG, PINDOLOL TAB 5MG, TIMOLOL MAL TAB 5MG
INDOMETHACIN CAP 20MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, ETODOLAC CAP 200MG, FENOPROFEN CAP 400MG, MECLOFEN SOD CAP 50MG
INDOMETHACIN SUP 100MG	NONPREFERRED BRAND	INDOMETHACIN SUP 50MG, DICLOFENAC TAB 75MG DR, IBU TAB 800MG, MELOXICAM TAB 15MG, NAPROXEN TAB 500MG
INDOMETHACIN SUS 25MG/5ML	NOT COVERED	INDOMETHACIN CAP 25MG, IBUPROFEN SUS 100/5ML, MELOXICAM TAB 7.5MG, NAPROXEN TAB 250MG, KETOPROFEN CAP 50MG
INGREZZA CAP 40-80MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG
INGREZZA CAP 40MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG
INGREZZA CAP 60MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 9MG
INGREZZA CAP 80MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 12MG
INNOPRAN XL CAP 120MG	NOT COVERED	PROPRANOLOL CAP 120MG ER, NADOLOL TAB 80MG, PINDOLOL TAB 10MG, TIMOLOL MAL TAB 20MG
INNOPRAN XL CAP 80MG	NOT COVERED	PROPRANOLOL CAP 80MG ER, NADOLOL TAB 20MG, PINDOLOL TAB 5MG, TIMOLOL MAL TAB 5MG
INPEFA TAB 200MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
INPEFA TAB 400MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
INS ASP PROT INJ FLEXPEN	NOT COVERED	NOVOLOG MIX INJ FLEXPEN

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
INS DEGL FLX INJ 100UNIT	NOT COVERED	TRESIBA FLEX INJ 100UNIT, LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
INS DEGL FLX INJ 200UNIT	NOT COVERED	TRESIBA FLEX INJ 200UNIT, LANTUS INJ 100/ML, TOUJEO MAX INJ 300/ML, BASAGLAR INJ 100UNIT, REZVOGLAR INJ 100UT/ML
INSULIN ASPA INJ 100/ML	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
INSULIN ASPA INJ 70/30	NOT COVERED	NOVOLOG MIX INJ 70/30
INSULIN ASPA INJ FLEXPEN	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
INSULIN ASPA INJ PENFILL	NOT COVERED	NOVOLOG INJ PENFILL, FIASP FLEX INJ TOUCH
INSULIN DEGL INJ 100UNIT	NOT COVERED	TRESIBA INJ 100UNIT, LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
INSULIN GLAR INJ 100U/ML	NOT COVERED	BASAGLAR INJ 100UNIT, LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML, LEVEMIR INJ
INSULIN GLAR INJ 300/ML	NOT COVERED	TOUJEO SOLO INJ 300/ML, BASAGLAR INJ 100UNIT, LANTUS SOLOS INJ 100/ML, REZVOGLAR INJ 100UT/ML, LEVEMIR INJ
INSULIN GLAR SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML, LEVEMIR INJ
INSULIN LISP INJ 100/ML	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
INSULIN LISP INJ JUNIOR	NONPREFERRED BRAND	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
INSULIN LISP INJ PROTAMIN	NOT COVERED	NOVOLOG MIX INJ 70/30
INTRAROSA SUP 6.5MG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG
INVELTYS SUS 1%	NONPREFERRED BRAND	LOTEPREDNOL SUS 0.5%, FLUOROMETHOL SUS 0.1% OP, PREDNISOLONE SUS 1% OP, DEXAMETH PHO SOL 0.1% OP, DIFLUPREDNAT EMU 0.05%
INVOKAMET TAB 150-1000	NOT COVERED	SYNJARDY TAB, XIGDUO XR TAB 10-1000
INVOKAMET TAB 150-500	NOT COVERED	SYNJARDY TAB 12.5-500, XIGDUO XR TAB 5-1000MG
INVOKAMET TAB 50-1000	NOT COVERED	SYNJARDY TAB 5-1000MG, XIGDUO XR TAB 5-1000MG
INVOKAMET TAB 50-500MG	NOT COVERED	SYNJARDY TAB 5-500MG, XIGDUO XR TAB 5-1000MG
INVOKAMET XR TAB 150-1000	NOT COVERED	XIGDUO XR TAB 10-1000, SYNJARDY XR TAB 25-1000
INVOKAMET XR TAB 150-500	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
INVOKAMET XR TAB 50-1000	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB 10-1000
INVOKAMET XR TAB 50-500MG	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB 5-1000MG
INVOKANA TAB 100MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
INVOKANA TAB 300MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
IOPIDINE SOL 1% OP	NONPREFERRED BRAND	APRACLONIDIN SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP, TIMOLOL MAL SOL 0.5% OP
ISOTRETINOIN CAP 25MG	NOT COVERED	ACCUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG, ZENATANE CAP 20MG
ISOTRETINOIN CAP 35MG	NOT COVERED	ACCUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, ZENATANE CAP 30MG, AMNESTEEM CAP 40MG
ISTURISA TAB 10MG	NONPREFERRED BRAND SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.9MG/ML
ISTURISA TAB 1MG	NONPREFERRED BRAND SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
ISTURISA TAB 5MG	NONPREFERRED BRAND SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.6MG/ML
IYUZEH DRO 0.005%	NONPREFERRED BRAND	LATANOPROST SOL 0.005%, BIMATOPROST SOL 0.03%, TAFLUPROST SOL 0.0015%, TRAVOPROST DRO 0.004%, LUMIGAN SOL 0.01%
JATENZO CAP 158MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
JATENZO CAP 198MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
JATENZO CAP 237MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
JORNAY PM CAP 100MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
JORNAY PM CAP 20MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 20MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 20MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
JORNAY PM CAP 40MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 40MG ER, DEXMETHYLPHE CAP ER 25MG, AMPHET/DEXTR CAP 30MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
JORNAY PM CAP 60MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
JORNAY PM CAP 80MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG ER, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
JUBLIA SOL 10%	NOT COVERED	CICLODAN SOL 8%, ITRACONAZOLE CAP 100MG, TERBINAFINE TAB 250MG
JUST RIGHT GEL 5000	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
JUST RIGHT PST 5000	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
JUXTAPID CAP 10MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 20MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 30MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 5MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
KAPSPARGO CAP 100MG	NOT COVERED	METOPROL SUC TAB 100MG ER, CARVEDILOL TAB 12.5MG, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 50MG, BETAXOLOL TAB 20MG
KAPSPARGO CAP 200MG	NOT COVERED	METOPROL SUC TAB 200MG ER, CARVEDILOL TAB 25MG, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 100MG, BETAXOLOL TAB 20MG
KAPSPARGO CAP 25MG	NOT COVERED	METOPROL SUC TAB 25MG ER, CARVEDILOL TAB 3.125MG, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 25MG, BETAXOLOL TAB 10MG
KAPSPARGO CAP 50MG	NOT COVERED	METOPROL SUC TAB 50MG ER, CARVEDILOL TAB 6.25MG, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 50MG, BETAXOLOL TAB 10MG
KARBINAL ER SUS 4MG/5ML	NONPREFERRED BRAND	CARBINOXAMIN SOL 4MG/5ML, CLEMASTINE TAB 2.68MG, PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, CETIRIZINE SOL 1MG/ML
KATERZIA SUS 1MG/ML	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER
KETOR TROMET SPR 15.75MG	NOT COVERED	KETOROLAC TAB 10MG, MELOXICAM TAB 15MG, ETODOLAC CAP 300MG, NABUMETONE TAB 750MG, CELECOXIB CAP 400MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
KEVZARA INJ 150/1.14	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, XELJANZ TAB 5MG
KEVZARA INJ 200/1.14	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 100MG/ML, CIMZIA START KIT 200MG/ML, HUMIRA PEN KIT PS/UV, ENBREL INJ 25MG, XELJANZ TAB 5MG
KINERET INJ	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, XELJANZ TAB 5MG
KLISYRI OIN 1%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
KONVOMEP SUS 2-84/ML	NOT COVERED	OMEPRA/BICAR CAP 20-1100, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG
KOSHR PRENAT TAB 30-1MG	NOT COVERED	THRIVITE RX TAB 29-1MG
KRISTALOSE PAK 10GM	NOT COVERED	CONSTULOSE SOL 10GM/15
KRISTALOSE PAK 20GM	NOT COVERED	CONSTULOSE SOL 10GM/15
KYZATREX CAP 100MG	NONPREFERRED BRAND	TESTOST CYP INJ 100MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
KYZATREX CAP 150MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
KYZATREX CAP 200MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
LACRISERT	NONPREFERRED BRAND	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
LACTULOSE PAK 10GM	NOT COVERED	CONSTULOSE SOL 10GM/15
LAMICTAL XR KIT	NONPREFERRED BRAND	LAMOTRIGINE KIT START 98
LAMPIT TAB 120MG	NONPREFERRED BRAND	BENZNIDAZOLE TAB 100MG
LAMPIT TAB 30MG	NONPREFERRED BRAND	BENZNIDAZOLE TAB 12.5MG
LAZANDA SPR 100MCG	NOT COVERED	FENTANYL OT LOZ 1200MCG
LAZANDA SPR 400MCG	NOT COVERED	FENTANYL OT LOZ 1600MCG
LEUKINE INJ 250MCG	NONPREFERRED BRAND SPECIALTY	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
LEVALBUTEROL AER 45/ACT	NONPREFERRED BRAND	ALBUTEROL AER HFA
LEVAMLODIPIN TAB 2.5MG	NOT COVERED	AMLODIPINE TAB 5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LEVAMLODIPIN TAB 5MG	NOT COVERED	AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, NIFEDIPINE TAB 90MG ER, NISOLDIPINE TAB 40MG ER
LEVBID TAB 0.375 ER	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.375 ER
LEVOTHYROXIN CAP 100MCG	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
LEVOTHYROXIN CAP 112MCG	NONPREFERRED BRAND	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG, UNITHROID TAB 112MCG
LEVOTHYROXIN CAP 125MCG	NONPREFERRED BRAND	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG, UNITHROID TAB 125MCG
LEVOTHYROXIN CAP 137MCG	NONPREFERRED BRAND	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG
LEVOTHYROXIN CAP 13MCG	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
LEVOTHYROXIN CAP 150MCG	NONPREFERRED BRAND	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
LEVOTHYROXIN CAP 175MCG	NONPREFERRED BRAND	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG, UNITHROID TAB 175MCG
LEVOTHYROXIN CAP 200MCG	NONPREFERRED BRAND	EUTHYROX TAB 200MCG, LEVO-T TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG
LEVOTHYROXIN CAP 25MCG	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
LEVOTHYROXIN CAP 50MCG	NONPREFERRED BRAND	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG, UNITHROID TAB 50MCG
LEVOTHYROXIN CAP 75MCG	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
LEVOTHYROXIN CAP 88MCG	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG
LEVSIN TAB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.125MG
LEVSIN/SL SUB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE SUB 0.125MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LICART DIS 1.3%	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC ER TAB 400MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, DICLOFENAC TAB 25MG DR
LIDOCA/TETRA CRE 7/7%	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
LIDOCAINE GEL 2% JELLY	NOT COVERED	LIDOCAINE SOL 4%, LIDO/PRILOCN CRE 2.5-2.5%
LIDOCAINE OIN 5%	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
LIKMEZ SUS 500/5ML	NONPREFERRED BRAND	METRONIDAZOL TAB 500MG
LIQREV SUS 10MG/ML	NOT COVERED	SILDENAFIL TAB 20MG, ALYQ TAB 20MG
LO LOESTRIN TAB 1-10-10	NONPREFERRED BRAND	DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, CRYSELLE-28 TAB 28 TABS, DROS/ETH EST TAB LEVOMEFO, AUROVELA FE TAB 1/20
LOMAIRA TAB 8MG	NONPREFERRED BRAND	PHENTERMINE TAB 37.5MG, DIETHYLPROP TAB 25MG
LONHALA MAGN SOL 25MCG	NONPREFERRED BRAND	YUPELRI SOL
LOREEV XR CAP 1.5MG	NOT COVERED	LORAZEPAM TAB 1MG
LOREEV XR CAP 1MG	NOT COVERED	LORAZEPAM TAB 1MG
LOREEV XR CAP 2MG	NOT COVERED	LORAZEPAM TAB 2MG
LOREEV XR CAP 3MG	NOT COVERED	LORAZEPAM TAB 1MG
LORTAB ELX 10-300MG	NONPREFERRED BRAND	HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, ENDOCET TAB 10-325MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325
LOTEMAX OIN 0.5%	NONPREFERRED BRAND	LOTEPREDNOL GEL 0.5%, DEXAMETH PHO SOL 0.1% OP, PRED SOD PHO SOL 1% OP, DIFLUPREDNAT EMU 0.05%, FLUOROMETHOL SUS 0.1% OP
LOTEMAX SM GEL 0.38%	NONPREFERRED BRAND	LOTEPREDNOL GEL 0.5%, DEXAMETH PHO SOL 0.1% OP, PRED SOD PHO SOL 1% OP, DIFLUPREDNAT EMU 0.05%, FLUOROMETHOL SUS 0.1% OP
LULICONAZOLE CRE 1%	NONPREFERRED BRAND	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
LUMRYZ PAK 6GM	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 10MG, AMPHETAMINE TAB 5MG, ARMODAFINIL TAB 150MG
LUMRYZ PAK 7.5GM	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 10MG/5ML, AMPHET/DEXTR TAB 15MG, AMPHETAMINE TAB 10MG, ARMODAFINIL TAB 200MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LUMRYZ PAK 9GM	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 10MG/5ML, AMPHET/DEXTR TAB 30MG, AMPHETAMINE TAB 10MG, ARMODAFINIL TAB 250MG
LUMRYZ PKG 4.5GM	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG, ARMODAFINIL TAB 50MG
LUPKYNIS CAP 7.9MG	NONPREFERRED BRAND SPECIALTY	AZATHIOPRINE TAB 50MG, CYCLOPHOSPH CAP 25MG, HYDROXYCHLOR TAB 100MG, LEFLUNOMIDE TAB 10MG, MYCOPHENOLAT CAP 250MG
LUZU CRE 1%	NOT COVERED	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
LYBALVI TAB 10-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 10MG, ZIPRASIDONE CAP 40MG, ARIPIPRAZOLE TAB 10MG
LYBALVI TAB 15-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 15MG, ZIPRASIDONE CAP 60MG, ARIPIPRAZOLE TAB 15MG
LYBALVI TAB 20-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, ZIPRASIDONE CAP 80MG, ARIPIPRAZOLE TAB 30MG
LYBALVI TAB 5-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 5MG, ZIPRASIDONE CAP 20MG, ARIPIPRAZOLE TAB 2MG
LYMEPAK TAB 100MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
LYUMJEV INJ 100UT/ML	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
LYUMJEV KWPN INJ 100UT/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
LYUMJEV KWPN INJ 200UT/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
LYVISPAH GRA 10MG	NONPREFERRED BRAND	BACLOFEN TAB 10MG, DANTROLENE CAP 50MG
LYVISPAH GRA 20MG	NONPREFERRED BRAND	BACLOFEN TAB 20MG, DANTROLENE CAP 100MG
LYVISPAH GRA 5MG	NONPREFERRED BRAND	BACLOFEN TAB 5MG, DANTROLENE CAP 25MG
MARPLAN TAB 10MG	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANYLCYPROM TAB 10MG
MAVENCLAD PAK 10MG(10)	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 14MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MAVENCLAD PAK 10MG(4)	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(5)	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(6)	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(7)	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(8)	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 14MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(9)	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 14MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVYRET PAK 50-20MG	NONPREFERRED BRAND SPECIALTY	EPCLUSA PAK 150-37.5, ZEPATIER TAB 50-100MG, LEDIP-SOFOSB TAB 90-400MG, SOFOS/VELPAT TAB 400-100
MAVYRET TAB 100-40MG	NONPREFERRED BRAND SPECIALTY	ZEPATIER TAB 50-100MG, LEDIP-SOFOSB TAB 90-400MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
MAXIDEX SUS 0.1% OP	NONPREFERRED BRAND	DEXAMETH PHO SOL 0.1% OP, LOTEPREDNOL GEL 0.5%, PRED SOD PHO SOL 1% OP, DIFLUPREDNAT EMU 0.05%, FLUOROMETHOL SUS 0.1% OP
MAYZENT PAK STARTER	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 14MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAYZENT TAB 0.25MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAYZENT TAB 1MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAYZENT TAB 2MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 14MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MECLIZINE TAB 50MG	NOT COVERED	MECLIZINE TAB 25MG, TRIMETHOBENZ CAP 300MG, PROCHLORPER TAB 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MEDROL TAB 2MG	NONPREFERRED BRAND	METHYLPRED TAB 4MG, PREDNISONE TAB 1MG, PREDNISOLONE TAB 5MG
MELOXICAM SUS 7.5/5ML	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC TAB 400MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, IBUPROFEN SUS 100/5ML
MENEST TAB 0.3MG	NONPREFERRED BRAND	ESTRADIOL TAB 0.5MG, PREMARIN TAB 0.3MG, DOTTI DIS 0.025MG, ESTROGEL GEL, ESTRING MIS 7.5/24HR
MENEST TAB 0.625MG	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, PREMARIN TAB 0.45MG, DOTTI DIS 0.0375MG, ESTROGEL GEL, ESTRING MIS 7.5/24HR
MENEST TAB 1.25MG	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, PREMARIN TAB 0.9MG, DOTTI DIS 0.075MG, ESTROGEL GEL, ESTRING MIS 7.5/24HR
MENEST TAB 2.5MG	NONPREFERRED BRAND	ESTRADIOL TAB 2MG, PREMARIN TAB 1.25MG, DOTTI DIS 0.1MG, ESTROGEL GEL, ESTRING MIS 7.5/24HR
MENOSTAR DIS 14MCG	NONPREFERRED BRAND	ESTRADIOL DIS 0.025MG, DOTTI DIS 0.025MG, RALOXIFENE TAB 60MG, ALENDRONATE TAB 5MG, RISEDRONATE TAB 5MG
METFORMIN TAB 1000 ER	NOT COVERED	METFORMIN TAB 500MG ER
METFORMIN TAB 500MG ER	NOT COVERED	METFORMIN TAB 500MG ER
METFORMIN TAB 625MG	NOT COVERED	METFORMIN TAB 500MG
METFORMIN ER TAB 1000MG	NOT COVERED	METFORMIN TAB 500MG ER
METHITEST TAB 10MG	NONPREFERRED BRAND	TESTOST CYP INJ 100MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
METHOCARBAMO TAB 1000MG	NOT COVERED	METHOCARBAM TAB 750MG, CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
METHYLDOPA TAB 250MG	NONPREFERRED BRAND	LABETALOL TAB 100MG, HYDROCHLOROT TAB 12.5MG, CHLORTHALID TAB 25MG, NIFEDIPINE TAB 30MG ER
METHYLDOPA TAB 500MG	NONPREFERRED BRAND	LABETALOL TAB 300MG, HYDROCHLOROT TAB 50MG, CHLORTHALID TAB 50MG, NIFEDIPINE TAB 90MG ER
METHYLPHENID TAB 45MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, AMPHET/DEXTR CAP 12.5 ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
METHYLPHENID TAB 63MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
MICO-ZN-PETR OIN	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, NYSTATIN OIN 100000
MIEBO DRO 1.3GM/ML	NONPREFERRED BRAND	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
MIGERGOT SUP 2/100	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ZOLMITRIPTAN TAB 2.5MG, ALMOTRIPTAN TAB 6.25MG
MINOCYCLINE CAP 135MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE CAP 45MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
MINOCYCLINE CAP 90MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 105MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 115MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 135MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 45MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
MINOCYCLINE TAB 65MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
MINOCYCLINE TAB 90MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOLIRA TAB 105MG	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOLIRA TAB 135MG	NOT COVERED	MINOCYCLINE TAB 80MG ER
MIRCERA INJ 100MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
MIRCERA INJ 120MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 10000/ML, RETACRIT INJ 10000UNT
MIRCERA INJ 150MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
MIRCERA INJ 200MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
MIRCERA INJ 30MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT
MIRCERA INJ 50MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MIRCERA INJ 75MCG	NONPREFERRED BRAND SPECIALTY	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
MOTEGRITY TAB 1MG	NONPREFERRED BRAND	LUBIPROSTONE CAP 8MCG, LINZESS CAP 72MCG
MOTEGRITY TAB 2MG	NONPREFERRED BRAND	LUBIPROSTONE CAP 24MCG, LINZESS CAP 290MCG
MOTOFEN TAB 1-0.025	NONPREFERRED BRAND	LOPERAMIDE CAP 2MG
MOTPOLY XR CAP 100MG	NONPREFERRED BRAND	LACOSAMIDE TAB 50MG
MOTPOLY XR CAP 150MG	NONPREFERRED BRAND	LACOSAMIDE TAB 150MG
MOTPOLY XR CAP 200MG	NONPREFERRED BRAND	LACOSAMIDE TAB 100MG
MOVANTIK TAB 12.5MG	NOT COVERED	SYMPROIC TAB 0.2MG, LUBIPROSTONE CAP 8MCG, CONSTULOSE SOL 10GM/15
MOVANTIK TAB 25MG	NOT COVERED	SYMPROIC TAB 0.2MG, LUBIPROSTONE CAP 24MCG, CONSTULOSE SOL 10GM/15
MULPLETA TAB 3MG	NOT COVERED	DOPTELET TAB 20MG
MUPIROCIN CRE 2%	NOT COVERED	MUPIROCIN OIN 2%
MYALEPT INJ 11.3MG	NONPREFERRED BRAND SPECIALTY	NOVOLIN R INJ U-100, ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 10MG, METFORMIN TAB 500MG
MYCAPSSA CAP 20MG	NONPREFERRED BRAND SPECIALTY	OCTREOTIDE INJ 50MCG/ML, SOMAVERT INJ 10MG
MYFEMBREE TAB	NONPREFERRED BRAND	TRANEX ACID TAB 650MG, CAMILA TAB 0.35MG, APRI TAB, DROSPIR/ETHI TAB 3-0.02MG, ETHY ETH EST TAB 1-35
MYRBETRIQ SUS 8MG/ML	NONPREFERRED BRAND	OXYBUTYNIN TAB 5MG ER, FESOTERODINE TAB 4MG ER
MYRBETRIQ TAB 25MG	NONPREFERRED BRAND	OXYBUTYNIN TAB 5MG ER, DARIFENACIN TAB 7.5MG, FESOTERODINE TAB 4MG ER, TOLTERODINE CAP 2MG ER, TROSPIUM CHL CAP 60MG ER
MYRBETRIQ TAB 50MG	NONPREFERRED BRAND	OXYBUTYNIN TAB 15MG ER, DARIFENACIN TAB 15MG, FESOTERODINE TAB 8MG ER, TOLTERODINE CAP 4MG ER, TROSPIUM CHL CAP 60MG ER
NAFTIN GEL 1%	NONPREFERRED BRAND	CICLOPIROX GEL 0.77%, KETOCONAZOLE AER 2%, CLOTRIM/BETA LOT DIPROP, CLOTRIMAZOLE SOL 1%, ECONAZOLE CRE 1%
NALOCET TAB 2.5-300	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-15MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NAMZARIC CAP	NONPREFERRED BRAND	MEMANTINE TAB HCL 5MG, MEMANTINE HC CAP 7MG ER, DONEPEZIL TAB 10MG, GALANTAMINE CAP 8MG ER, RIVASTIGMINE CAP 1.5MG
NAMZARIC CAP 14-10MG	NONPREFERRED BRAND	MEMANTINE TAB HCL 10MG, MEMANTINE HC CAP 14MG ER, DONEPEZIL TAB 10MG, GALANTAMINE CAP 16MG ER, RIVASTIGMINE CAP 3MG
NAMZARIC CAP 21-10MG	NONPREFERRED BRAND	MEMANTINE TAB HCL 10MG, MEMANTINE HC CAP 21MG ER, DONEPEZIL TAB 10MG, GALANTAMINE CAP 16MG ER, RIVASTIGMINE CAP 4.5MG
NAMZARIC CAP 28-10MG	NONPREFERRED BRAND	MEMANTINE TAB HCL 10MG, MEMANTINE HC CAP 28MG ER, DONEPEZIL TAB 10MG, GALANTAMINE CAP 24MG ER, RIVASTIGMINE CAP 6MG
NAMZARIC CAP 7-10MG	NONPREFERRED BRAND	MEMANTINE TAB HCL 10MG, MEMANTINE HC CAP 7MG ER, DONEPEZIL TAB 10MG, GALANTAMINE CAP 8MG ER, RIVASTIGMINE CAP 1.5MG
NAPROXEN SOD TAB 375MG	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 25MG DR, IBU TAB 400MG, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG
NAPROXEN SOD TAB 375MG CR	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 25MG DR, IBU TAB 400MG, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG
NAPROXEN SOD TAB 375MG ER	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 25MG DR, IBU TAB 400MG, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG
NAPROXEN SOD TAB 500MG CR	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 50MG DR, IBU TAB 400MG, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG
NAPROXEN SOD TAB 500MG ER	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 50MG DR, IBU TAB 400MG, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG
NAPROXEN SOD TAB 750MG ER	NOT COVERED	NAPROXEN SOD TAB 550MG, DICLOFENAC TAB 75MG DR, IBU TAB 800MG, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 100MG
NAPROX-ESOM TAB 375-20MG	NOT COVERED	NAPROXEN TAB 375MG, ESOMEPRA MAG CAP 20MG DR
NAPROX-ESOM TAB 500-20MG	NOT COVERED	NAPROXEN TAB 500MG, ESOMEPRA MAG CAP 20MG DR

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NATAZIA TAB	NONPREFERRED BRAND	DROSPIR/ETHI TAB 3-0.02MG, DROSPIRE/ETH TAB ESTR/LEV, AUROVELA 24 TAB FE 1/20, CAMRESE LO TAB, KAITLIB FE CHW
NATESTO GEL 5.5MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE GEL 10MG/ACT, ANDRODERM DIS 4MG/24HR
NEONATAL TAB COMPLETE	NOT COVERED	PRENATAL TAB 27-1MG, CO-NATAL FA TAB 29-1MG, TRINATE TAB, TRINATAL RX TAB 1, VINATE ONE TAB
NEONATAL TAB COMPLTE	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, WESTAB PLUS TAB 27-1MG
NEONATAL TAB PLUS	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, WESTAB PLUS TAB 27-1MG
NEONATAL PLS TAB 27-1MG	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, WESTAB PLUS TAB 27-1MG
NEO-SYNALAR CRE	NONPREFERRED BRAND	TRIAMCINOLON CRE 0.025%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.01%, FLUTICASONE CRE 0.05%, MOMETASONE CRE 0.1%
NEUPOGEN INJ 300/0.5	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
NEUPOGEN INJ 300MCG	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
NEUPOGEN INJ 480/0.8	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
NEUPOGEN INJ 480MCG	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
NEUPRO DIS 1MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 2MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.25MG, ROPINIROLE TAB 0.5MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 3MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.5MG, ROPINIROLE TAB 1MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 4MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.75MG, ROPINIROLE TAB 3MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 6MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 1MG, ROPINIROLE TAB 4MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 8MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, BROMOCRIPTIN CAP 5MG
NEVANAC SUS 0.1%	NOT COVERED	BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.5%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NEVANAC SUS 0.1% OP	NOT COVERED	BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.5%
NEXICLON XR TAB 0.17MG	NOT COVERED	CLONIDINE TAB 0.1MG
NEXIUM GRA 2.5MG DR	NONPREFERRED BRAND	ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG, RABEPRAZOLE TAB 20MG
NEXIUM GRA 5MG DR	NONPREFERRED BRAND	ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG, RABEPRAZOLE TAB 20MG
NEXTSTELLIS TAB 3-14.2MG	NONPREFERRED BRAND	DROSPIR/ETHI TAB 3-0.02MG, DROSPIRE/ETH TAB ESTR/LEV, AUROVELA 24 TAB FE 1/20, CAMRESE LO TAB, KAITLIB FE CHW
NGENLA INJ 24/1.2ML	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
NGENLA INJ 60/1.2ML	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
NIACIN TAB 500MG	NOT COVERED	NIACIN ER TAB 500MG, ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 10MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG
NIACOR TAB 500MG	NOT COVERED	NIACIN ER TAB 500MG, ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 10MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG
NITRO-DUR DIS 0.1MG/HR	NOT COVERED	NITROGLYCER DIS 0.1MG/HR
NITRO-DUR DIS 0.2MG/HR	NOT COVERED	NITROGLYCER DIS 0.2MG/HR
NITRO-DUR DIS 0.3MG/HR	NOT COVERED	NITROGLYCER DIS 0.2MG/HR
NITRO-DUR DIS 0.4MG/HR	NOT COVERED	NITROGLYCER DIS 0.4MG/HR
NITRO-DUR DIS 0.6MG/HR	NOT COVERED	NITROGLYCER DIS 0.6MG/HR
NITRO-DUR DIS 0.8MG/HR	NOT COVERED	NITROGLYCER DIS 0.6MG/HR
NITROFURANTO SUS 50MG/5ML	NOT COVERED	NITROFURANTN SUS 25MG/5ML, FOSFOMYCIN POW 3GM, TRIMETHOPRIM TAB 100MG, SMZ-TMP SUS 200-40/5, LEVOFLOXACIN SOL 25MG/ML
NITROMIST AER 400MCG	NONPREFERRED BRAND	NITROGLYCRN SPR 400MCG
NITYR TAB 10MG	NONPREFERRED BRAND SPECIALTY	NITISINONE CAP 10MG, ORFADIN SUS 4MG/ML
NITYR TAB 2MG	NONPREFERRED BRAND SPECIALTY	NITISINONE CAP 2MG, ORFADIN SUS 4MG/ML
NITYR TAB 5MG	NONPREFERRED BRAND SPECIALTY	NITISINONE CAP 5MG, ORFADIN SUS 4MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NIVA THYROID TAB 120MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG
NIVA THYROID TAB 15MG	NONPREFERRED BRAND	NP THYROID TAB 15MG, THYROID TAB 15MG, EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG
NIVA THYROID TAB 30MG	NONPREFERRED BRAND	NP THYROID TAB 30MG, THYROID TAB 30MG, EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG
NIVA THYROID TAB 60MG	NONPREFERRED BRAND	NP THYROID TAB 60MG, THYROID TAB 60MG, EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG
NIVA THYROID TAB 90MG	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG
NORGESIC TAB	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG
NORGESIC TAB FORTE	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
NORITATE CRE 1%	NONPREFERRED BRAND	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%, IVERMECTIN CRE 1%, DOXYCYCLINE CAP 40MG
NORLIQVA SOL 1MG/ML	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER
NOURIANZ TAB 20MG	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN TAB 2.5MG, RASAGILINE TAB 0.5MG, SELEGILINE TAB 5MG
NOURIANZ TAB 40MG	NONPREFERRED BRAND	PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, BROMOCRIPTIN TAB 2.5MG, RASAGILINE TAB 1MG, SELEGILINE TAB 5MG
NOVAREL INJ 10000UNT	NONPREFERRED BRAND SPECIALTY	GONAL-F INJ 1050UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
NOVAREL INJ 5000UNIT	NONPREFERRED BRAND SPECIALTY	GONAL-F INJ 450UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
NOVOLIN N INJ RELION	NOT COVERED	NOVOLIN N INJ U-100
NOVOLIN R INJ RELION	NOT COVERED	NOVOLIN R INJ U-100

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NOVOLIN70/30 INJ RELION	NOT COVERED	NOVOLIN INJ 70/30
NOVOLOG INJ FLEX REL	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
NOVOLOG INJ RELION	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
NOVOLOG MIX INJ FLEX REL	NOT COVERED	NOVOLOG MIX INJ FLEXPEN
NOVOLOG RELI INJ 70/30	NOT COVERED	NOVOLOG MIX INJ 70/30
NOXAFIL PAK 300MG	NONPREFERRED BRAND	POSACONAZOLE SUS 40MG/ML
NUCYNTA TAB 100MG	NONPREFERRED BRAND	HYDROMORPHON TAB 8MG, MORPHINE SUL TAB 30MG, CODEINE SULF TAB 60MG, OXYCODONE TAB 30MG, OXYMORPHONE TAB HCL 10MG
NUCYNTA TAB 50MG	NONPREFERRED BRAND	HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG, OXYCODONE TAB 5MG, OXYMORPHONE TAB HCL 5MG
NUCYNTA TAB 75MG	NONPREFERRED BRAND	HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 30MG, OXYCODONE TAB 10MG, OXYMORPHONE TAB HCL 5MG
NUCYNTA ER TAB 100MG	NONPREFERRED BRAND	HYDROCODONE TAB 30MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 7.5MG ER, HYDROMORPHON TAB 12MG ER
NUCYNTA ER TAB 150MG	NONPREFERRED BRAND	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, OXYMORPHONE TAB 15MG ER, HYDROMORPHON TAB 12MG ER
NUCYNTA ER TAB 200MG	NONPREFERRED BRAND	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROMORPHON TAB 16MG ER
NUCYNTA ER TAB 250MG	NONPREFERRED BRAND	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROMORPHON TAB 32MG ER
NUCYNTA ER TAB 50MG	NONPREFERRED BRAND	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROMORPHON TAB 8MG ER
NULEV TAB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.125MG
NUTROPIN AQ INJ 10MG/2ML	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NUTROPIN AQ INJ 20MG/2ML	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
NUTROPIN AQ INJ NUSPIN 5	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
NUVESSA GEL 1.3%	NONPREFERRED BRAND	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
NYMALIZE SOL	NONPREFERRED BRAND	NIMODIPINE CAP 30MG
NYVEPRIA INJ 6/0.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
OB COMPLETE TAB	NOT COVERED	THRIVITE RX TAB 29-1MG
ODACTRA SUB	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.1%
OLPRUVA PAK 2GM	NONPREFERRED BRAND SPECIALTY	SODIUM PHENY TAB 500MG
OLPRUVA PAK 3GM	NONPREFERRED BRAND SPECIALTY	SODIUM PHENY TAB 500MG
OLPRUVA PAK 4 GM	NONPREFERRED BRAND SPECIALTY	SODIUM PHENY TAB 500MG
OLPRUVA PAK 5GM	NONPREFERRED BRAND SPECIALTY	SODIUM PHENY TAB 500MG
OLPRUVA PAK 6.67GM	NONPREFERRED BRAND SPECIALTY	SODIUM PHENY TAB 500MG
OLPRUVA PAK 6GM	NONPREFERRED BRAND SPECIALTY	SODIUM PHENY TAB 500MG
OLUMIANT TAB 1MG	NONPREFERRED BRAND SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
OLUMIANT TAB 2MG	NONPREFERRED BRAND SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML
OMECLAMOX- MIS PAK	NONPREFERRED BRAND	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 20MG
OMEPRA/BICAR POW 20-1680	NOT COVERED	OMEPRA/BICAR CAP 20-1100, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG
OMEPRA/BICAR POW 40-1680	NOT COVERED	OMEPRA/BICAR CAP 40-1100, ESOMEPRAZOLE GRA 40MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 30MG, OMEPRAZOLE CAP 40MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OMNARIS SPR	NONPREFERRED BRAND	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
OMNITROPE INJ 10/1.5ML	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 12MG
OMNITROPE INJ 5.8MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
OMNITROPE INJ 5/1.5ML	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
OMVOH INJ 100MG/ML	NOT COVERED	SIMPONI INJ 50/0.5ML, HUMIRA PEN INJ 40MG/0.8, STELARA INJ 45MG/0.5, XELJANZ TAB 5MG, RINVOQ TAB 15MG ER
ONGENTYS CAP 25MG	NONPREFERRED BRAND	ENTACAPONE TAB 200MG
ONGENTYS CAP 50MG	NONPREFERRED BRAND	ENTACAPONE TAB 200MG
ONZETRA XSAI MIS 11MG	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
OPZELURA CRE 1.5%	NONPREFERRED BRAND	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.05%, DIFLORASONE CRE 0.05%
ORALAIR SUB 300 IR	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.15%
ORAVIG TAB 50MG	NONPREFERRED BRAND	NYSTATIN SUS 100000, CLOTRIMAZOLE TRO 10MG, ITRACONAZOLE SOL 10MG/ML, VORICONAZOLE TAB 50MG, FLUCONAZOLE TAB 100MG
ORENCIA INJ 125MG/ML	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 100MG/ML, CIMZIA START KIT 200MG/ML, HUMIRA PEN KIT PS/UV, ENBREL INJ 25MG, XELJANZ TAB 5MG
ORENCIA INJ 50/0.4ML	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, XELJANZ TAB 5MG
ORENCIA INJ 87.5/0.7	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
ORENCIA CLCK INJ 125MG/ML	NONPREFERRED BRAND SPECIALTY	SIMPONI INJ 50/0.5ML, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, XELJANZ TAB 5MG
ORENITRAM TAB 0.125MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
ORENITRAM TAB 0.25MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 32MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ORENITRAM TAB 1MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 64MCG
ORENITRAM TAB 2.5MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16-32MCG
ORENITRAM TAB 5MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16-32-48
ORENITRAM TAB MONTH 1	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
ORENITRAM TAB MONTH 2	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 64MCG
ORENITRAM TAB MONTH 3	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16-32-48
ORIAHNN CAP	NONPREFERRED BRAND	TRANEX ACID TAB 650MG, CAMILA TAB 0.35MG, GEMMILY CAP 1/20, APRI TAB, DROSPIR/ETHI TAB 3-0.02MG
ORLADEYO CAP 110MG	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML, HAEGARDA INJ 2000UNIT
ORLADEYO CAP 150MG	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML, HAEGARDA INJ 3000UNIT
ORLISTAT CAP 120MG	NONPREFERRED BRAND	PHENTERMINE CAP 37.5MG, DIETHYLPROP TAB 25MG
ORPH/ASA/CAF TAB	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG
ORPHENGESIC TAB FORTE	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
OSCIMIN SUB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE SUB 0.125MG
OSCIMIN TAB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.125MG
OSMOLEX ER TAB	NOT COVERED	AMANTADINE TAB 100MG, PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN TAB 2.5MG, CARB/LEVO ER TAB 25-100MG
OSMOLEX ER TAB 129MG	NOT COVERED	AMANTADINE TAB 100MG, PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN TAB 2.5MG, CARB/LEVO ER TAB 25-100MG
OSMOLEX ER TAB 193MG	NOT COVERED	AMANTADINE TAB 100MG, PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, BROMOCRIPTIN TAB 2.5MG, CARB/LEVO ER TAB 50-200MG
OSMOPREP TAB 1.5GM	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OSPHENA TAB 60MG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG
OTREXUP INJ 10MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 50MG/2ML, TREXALL TAB 5MG
OTREXUP INJ 12.5/0.4	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 50MG/2ML, TREXALL TAB 5MG
OTREXUP INJ 15MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 25MG/ML, TREXALL TAB 7.5MG
OTREXUP INJ 17.5/0.4	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 25MG/ML, TREXALL TAB 7.5MG
OTREXUP INJ 20MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 250/10ML, TREXALL TAB 10MG
OTREXUP INJ 22.5/0.4	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 250/10ML, TREXALL TAB 10MG
OTREXUP INJ 25MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 250/10ML, TREXALL TAB 10MG
OXAPROZIN CAP 300MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, OXAPROZIN TAB 600MG, FENOPROFEN CAP 400MG
OXBRYTA TAB 300MG	NONPREFERRED BRAND SPECIALTY	DROXIA CAP 200MG
OXBRYTA TAB 500MG	NONPREFERRED BRAND SPECIALTY	DROXIA CAP 400MG
OXISTAT LOT 1%	NONPREFERRED BRAND	KETOCONAZOLE AER 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CLOTRIM/BETA LOT DIPROP, CICLOPIROX GEL 0.77%
OXTELLAR XR TAB 150MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 150MG
OXTELLAR XR TAB 300MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 300MG
OXTELLAR XR TAB 600MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 600MG
OXY-ACETAMIN TAB 7.5-300	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-30MG
OXYCOD/ACETA SOL 10/300MG	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325
OXYCOD/ACETA SOL 5/325MG	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 5-200MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OXYCOD/APAP TAB 10-300MG	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 10-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-60MG
OXYCOD/APAP TAB 5-300MG	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 5-325MG, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-30MG
OXYCOD-APAP TAB 2.5-300	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-15MG
OXYCODONE TAB 10MG ER	NOT COVERED	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROMORPHON TAB 8MG ER
OXYCODONE TAB 20MG ER	NOT COVERED	HYDROCODONE TAB 40MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 10MG ER, HYDROMORPHON TAB 12MG ER
OXYCODONE TAB 40MG ER	NOT COVERED	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROMORPHON TAB 16MG ER
OXYCODONE TAB 80MG ER	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROMORPHON TAB 32MG ER
OXYCONTIN TAB 10MG ER	NOT COVERED	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROMORPHON TAB 8MG ER
OXYCONTIN TAB 15MG ER	NOT COVERED	HYDROCODONE TAB 30MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 7.5MG ER, HYDROMORPHON TAB 12MG ER
OXYCONTIN TAB 20MG ER	NOT COVERED	HYDROCODONE TAB 40MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 10MG ER, HYDROMORPHON TAB 12MG ER
OXYCONTIN TAB 30MG ER	NOT COVERED	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, OXYMORPHONE TAB 15MG ER, HYDROMORPHON TAB 12MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OXYCONTIN TAB 40MG ER	NOT COVERED	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROMORPHON TAB 16MG ER
OXYCONTIN TAB 60MG ER	NOT COVERED	HYDROCODONE TAB 100MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 30MG ER, HYDROMORPHON TAB 16MG ER
OXYCONTIN TAB 80MG ER	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROMORPHON TAB 32MG ER
OXYTROL DIS 3.9MG/24	NOT COVERED	OXYBUTYNIN TAB 2.5MG, SOLIFENACIN TAB 5MG, DARIFENACIN TAB 7.5MG, FESOTERODINE TAB 4MG ER, TOLTERODINE TAB 1MG
OZOBAX DS SOL 10MG/5ML	NONPREFERRED BRAND	BACLOFEN TAB 10MG, DANTROLENE CAP 100MG
PANCREAZE CAP 10500UNT	NONPREFERRED BRAND	ZENPEP CAP 10000UNT, CREON CAP 12000UNT
PANCREAZE CAP 16800UNT	NONPREFERRED BRAND	ZENPEP CAP 20000UNT, CREON CAP 12000UNT
PANCREAZE CAP 21000UNT	NONPREFERRED BRAND	CREON CAP 24000UNT, ZENPEP CAP 20000UNT
PANCREAZE CAP 2600UNIT	NONPREFERRED BRAND	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
PANCREAZE CAP 37000	NONPREFERRED BRAND	CREON CAP 36000UNT, ZENPEP CAP 40000UNT
PANCREAZE CAP 4200UNIT	NONPREFERRED BRAND	ZENPEP CAP 5000UNIT, CREON CAP 6000UNIT
PANDEL CRE 0.1%	NOT COVERED	ALA-CORT CRE 1%, TRIAMCINOLON CRE 0.1%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%, FLUTICASONE CRE 0.05%
PASER GRA 4GM	NONPREFERRED BRAND	ISONIAZID SYP 50MG/5ML, RIFAMPIN CAP 150MG
PENCICLOVIR CRE 1%	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
PERTZYE CAP 16000U	NONPREFERRED BRAND	ZENPEP CAP 15000UNT, CREON CAP 12000UNT
PERTZYE CAP 24000U	NONPREFERRED BRAND	ZENPEP CAP 25000UNT, CREON CAP 24000UNT
PERTZYE CAP 4000UNIT	NONPREFERRED BRAND	ZENPEP CAP 3000UNIT, CREON CAP 3000UNIT
PERTZYE CAP 8000UNIT	NONPREFERRED BRAND	CREON CAP 6000UNIT, ZENPEP CAP 10000UNT
PHEBURANE MIS 483/GM	NONPREFERRED BRAND SPECIALTY	PHENYLBUTYRA POW SODIUM
PHENER FORT SYP 25MG/5ML	NOT COVERED	PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, CARBINOXAMIN SOL 4MG/5ML, CLEMASTINE TAB 2.68MG, CETIRIZINE SOL 1MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PHOSLYRA SOL	NONPREFERRED BRAND	CALC ACETATE TAB 667MG, SEVELAMER POW 0.8GM, LANTHANUM CHW 500MG
PLEGRIDY INJ	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
PLEGRIDY INJ PEN	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
PLEGRIDY INJ STARTER	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG
PLEGRIDY PEN INJ STARTER	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG
PLENVU SOL	NONPREFERRED BRAND	PEG/NASUL/C/ SOL NACL/POT, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU
PLIAGLIS CRE 7-7%	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
PNV TAB 20-1 TAB	NOT COVERED	ATABEX OB TAB 29-1MG, VINATE II TAB
POKONZA POW 10MEQ	NOT COVERED	KLOR-CON PAK 20MEQ
PONVORY TAB 20MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
PONVORY TAB STARTER	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
PRADAXA PAK 110MG	NONPREFERRED BRAND	DABIGATRAN CAP 150MG, PRADAXA CAP 150MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 5MG
PRADAXA PAK 150MG	NONPREFERRED BRAND	DABIGATRAN CAP 150MG, PRADAXA CAP 150MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 5MG
PRADAXA PAK 20MG	NONPREFERRED BRAND	DABIGATRAN CAP 75MG, PRADAXA CAP 75MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 2.5MG
PRADAXA PAK 30MG	NONPREFERRED BRAND	DABIGATRAN CAP 75MG, PRADAXA CAP 75MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 2.5MG
PRADAXA PAK 40MG	NONPREFERRED BRAND	DABIGATRAN CAP 110MG, PRADAXA CAP 110MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 2.5MG
PRADAXA PAK 50MG	NONPREFERRED BRAND	DABIGATRAN CAP 110MG, PRADAXA CAP 110MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PRALUENT INJ 150MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG
PRALUENT INJ 75MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG
PRAMOSONE CRE 1-1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE CRE 1-2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE OIN 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE OIN 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRED-G SUS OP	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
PRED-G S.O.P OIN OP	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
PREDNISOLONE SUS 1%	NONPREFERRED BRAND	PREDNISOLONE SUS 1% OP
PREGENNA TAB	NOT COVERED	ATABEX OB TAB 29-1MG, VINATE II TAB
PRENARA CAP PRENATAL	NOT COVERED	PRENATAL TAB 27-1MG, NATALVIT TAB 75-1MG, TRINATAL RX TAB 1, VINATE ONE TAB, CO-NATAL FA TAB 29-1MG
PRENATRIX TAB	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, WESTAB PLUS TAB 27-1MG
PRENATRYL TAB	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, WESTAB PLUS TAB 27-1MG
PRESTALIA TAB 14-10MG	NONPREFERRED BRAND	AMLOD/BENAZP CAP 10-40MG, TRANDO/VERAP TAB 4-240 ER, AMLOD/VALSAR TAB 10-320MG, AMLOD/OLMESA TAB 10-40MG, TELMIS/AMLOD TAB 80-10MG
PRESTALIA TAB 3.5-2.5	NONPREFERRED BRAND	AMLOD/BENAZP CAP 2.5-10MG, TRANDO/VERAP TAB 1-240 ER, AMLOD/VALSAR TAB 5-160MG, AMLOD/OLMESA TAB 5-20MG, TELMIS/AMLOD TAB 40-5MG
PRESTALIA TAB 7-5MG	NONPREFERRED BRAND	AMLOD/BENAZP CAP 5-20MG, TRANDO/VERAP TAB 2-180 ER, AMLOD/VALSAR TAB 5-320MG, AMLOD/OLMESA TAB 5-40MG, TELMIS/AMLOD TAB 40-10MG
PREVDNT 5000 GEL 1.1-5%	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PREVDNT 5000 PST 1.1%	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
PREVIDENT CRE 5000 PLS	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
PREVIDENT GEL 1.1%	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
PREVIDENT GEL 1.1% BER	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
PREVIDENT GEL 1.1% MIN	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
PREVIDENT PST 1.1%	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
PREVIDENT SOL 0.2%	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
PRILOSEC POW 10MG	NONPREFERRED BRAND	OMEPRAZOLE CAP 10MG, ESOMEPRAZOLE GRA 40MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 30MG, RABEPRAZOLE TAB 20MG
PRILOSEC POW 2.5MG	NONPREFERRED BRAND	OMEPRAZOLE CAP 10MG, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, RABEPRAZOLE TAB 20MG
PROAIR DIGIH AER	NOT COVERED	ALBUTEROL AER HFA
PROAIR RESPI AER	NOT COVERED	ALBUTEROL AER HFA
PROCTOCORT SUP 30MG	NONPREFERRED BRAND	HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORTISO CRE 2.5%, HC PRAMOXINE CRE 2.5-1%
PROCYSBI CAP 25MG	NONPREFERRED BRAND SPECIALTY	CYSTAGON CAP 50MG
PROCYSBI CAP 75MG	NONPREFERRED BRAND SPECIALTY	CYSTAGON CAP 150MG
PROCYSBI GRA 300MG	NONPREFERRED BRAND SPECIALTY	CYSTAGON CAP 150MG
PROCYSBI GRA 75MG	NONPREFERRED BRAND SPECIALTY	CYSTAGON CAP 50MG
PROGRAF GRA 0.2MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 0.5MG
PROGRAF GRA 1MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 1MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PROLATE SOL 10/300MG	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325
PROLATE TAB 10-300MG	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 10-200MG, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-60MG
PROLATE TAB 5-300MG	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 5-325MG, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-30MG
PROLATE TAB 7.5-300	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-30MG
PURIXAN SUS 20MG/ML	NONPREFERRED BRAND SPECIALTY	MERCAPTOPUR TAB 50MG
PYRIDOSTIGMI TAB 30MG	NOT COVERED	PYRIDOSTIGM TAB 60MG
QBRELIS SOL 1MG/ML	NONPREFERRED BRAND	LISINOPRIL TAB 2.5MG, BENAZEPRIL TAB 5MG, CAPTOPRIL TAB 12.5MG, ENALAPRIL TAB 2.5MG, FOSINOPRIL TAB 10MG
QDOLO SOL 5MG/ML	NOT COVERED	TRAMADOL HCL TAB 50MG
QELBREE CAP 100MG ER	NONPREFERRED BRAND	ATOMOXETINE CAP 10MG, GUANFACINE TAB 1MG ER, CLONIDINE TAB 0.1MG ER
QELBREE CAP 150MG ER	NONPREFERRED BRAND	ATOMOXETINE CAP 40MG, GUANFACINE TAB 2MG ER, CLONIDINE TAB 0.1MG ER
QELBREE CAP 200MG ER	NONPREFERRED BRAND	ATOMOXETINE CAP 100MG, GUANFACINE TAB 4MG ER, CLONIDINE TAB 0.1MG ER
QNASL AER 80MCG	NONPREFERRED BRAND	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, AZELASTINE SPR 0.15%, OLOPATADINE SPR 0.6%
QNASL CHILD SPR 40MCG	NONPREFERRED BRAND	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
QSYMIA CAP 11.25-69	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 30MG
QSYMIA CAP 15-92MG	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 37.5MG
QSYMIA CAP 3.75-23	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 15MG
QSYMIA CAP 7.5-46MG	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 30MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
QTERN TAB 10-5MG	NOT COVERED	GLYXAMBI TAB 25-5 MG
QTERN TAB 5-5MG	NOT COVERED	GLYXAMBI TAB 10-5 MG
QUAZEPAM TAB 15MG	NOT COVERED	ESTAZOLAM TAB 1MG, TRIAZOLAM TAB 0.125MG, FLURAZEPAM CAP 15MG, TEMAZEPAM CAP 7.5MG, ESZOPICLONE TAB 1MG
QUILLICHEW CHW 20MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
QUILLICHEW CHW 30MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
QUILLICHEW CHW 40MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 72MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG
QUILLIVANT SUS 25MG/5ML	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
QUVIVIQ TAB 25MG	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
QUVIVIQ TAB 50MG	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
QVAR REDIHA AER 80MCG	NOT COVERED	PULMICORT INH 180MCG, ARNUITY ELPT INH 200MCG, ASMANEX HFA AER 200 MCG
QVAR REDIHAL AER 40MCG	NOT COVERED	PULMICORT INH 90MCG, ARNUITY ELPT INH 50MCG, ASMANEX HFA AER 50MCG
RABEPRAZOLE CAP 10MG DR	NOT COVERED	RABEPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG
RADICAVA ORS SUS 105/5ML	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
RADICAVA ORS SUS STARTER	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
RAGWITEK SUB	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
RASUVO INJ 10MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 25MG/ML, TREXALL TAB 5MG
RASUVO INJ 12.5MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 50MG/2ML, TREXALL TAB 5MG
RASUVO INJ 15MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 50MG/2ML, TREXALL TAB 5MG
RASUVO INJ 17.5MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 25MG/ML, TREXALL TAB 7.5MG
RASUVO INJ 20MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 250/10ML, TREXALL TAB 10MG
RASUVO INJ 22.5MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 250/10ML, TREXALL TAB 10MG
RASUVO INJ 25MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 1GM/40ML, TREXALL TAB 15MG
RASUVO INJ 30MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 1GM/40ML, TREXALL TAB 15MG
RASUVO INJ 7.5MG	NONPREFERRED BRAND SPECIALTY	METHOTREXATE INJ 25MG/ML, TREXALL TAB 5MG
RAVICTI LIQ 1.1GM/ML	NONPREFERRED BRAND SPECIALTY	PHENYLBUTYRA POW SODIUM
RAYOS TAB 1MG	NONPREFERRED BRAND	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG
RAYOS TAB 2MG	NONPREFERRED BRAND	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG
RAYOS TAB 5MG	NONPREFERRED BRAND	PREDNISONE TAB 5MG, METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG
REBIF INJ 22/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
REBIF INJ 44/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
REBIF REBIDO INJ 22/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
REBIF REBIDO INJ 44/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
REBIF REBIDO INJ TITRATN	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
REBIF TITRTN INJ PACK	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG
RECORLEV TAB 150MG	NONPREFERRED BRAND SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
RELAFEN DS TAB 1000MG	NOT COVERED	MELOXICAM TAB 15MG, NABUMETONE TAB 750MG, ETODOLAC TAB 500MG, CELECOXIB CAP 400MG, IBU TAB 800MG
RELEUKO INJ 300MCG	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
RELEUKO INJ 480MCG	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
RELEXXII TAB 18MG ER	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 15MG ER, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG
RELEXXII TAB 27MG ER	NOT COVERED	METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 20MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
RELEXXII TAB 36MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
RELEXXII TAB 45MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, AMPHET/DEXTR CAP 12.5 ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
RELEXXII TAB 54MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
RELEXXII TAB 63MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
RELEXXII TAB 72MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 72MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
RELISTOR INJ 12/0.6ML	NOT COVERED	SYMPROIC TAB 0.2MG, CONSTULOSE SOL 10GM/15, LUBIPROSTONE CAP 24MCG
RELISTOR INJ 8/0.4ML	NOT COVERED	SYMPROIC TAB 0.2MG, CONSTULOSE SOL 10GM/15, LUBIPROSTONE CAP 8MCG
RELISTOR TAB 150MG	NOT COVERED	SYMPROIC TAB 0.2MG, LUBIPROSTONE CAP 8MCG, CONSTULOSE SOL 10GM/15
RELTONE CAP 200MG	NOT COVERED	URSODIOL CAP 300MG
RELTONE CAP 400MG	NOT COVERED	URSODIOL CAP 300MG
RELYVRIO PAK 3-1GM	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
RETIN-A MICR GEL 0.06%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
REVLIMID CAP 10MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 10MG
REVLIMID CAP 15MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 15MG
REVLIMID CAP 2.5MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 2.5MG
REVLIMID CAP 20MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 20MG
REVLIMID CAP 25MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 25MG
REVLIMID CAP 5MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 5MG
REXULTI TAB 0.25MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, ZIPRASIDONE CAP 20MG, ARIPIPRAZOLE TAB 2MG
REXULTI TAB 0.5MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG, OLANZAPINE TAB 5MG, ZIPRASIDONE CAP 40MG, ARIPIPRAZOLE TAB 5MG
REXULTI TAB 1MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 7.5MG, ZIPRASIDONE CAP 40MG, ARIPIPRAZOLE TAB 10MG
REXULTI TAB 2MG	NONPREFERRED BRAND	RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 10MG, ZIPRASIDONE CAP 60MG, ARIPIPRAZOLE TAB 15MG
REXULTI TAB 3MG	NONPREFERRED BRAND	RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG, OLANZAPINE TAB 15MG, ZIPRASIDONE CAP 60MG, ARIPIPRAZOLE TAB 20MG
REXULTI TAB 4MG	NONPREFERRED BRAND	RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, ZIPRASIDONE CAP 80MG, ARIPIPRAZOLE TAB 30MG
REYVOW TAB 100MG	NONPREFERRED BRAND	UBRELVY TAB 100MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG, SUMATRIPTAN TAB 100MG, ZOLMITRIPTAN TAB 5MG
REYVOW TAB 50MG	NONPREFERRED BRAND	UBRELVY TAB 50MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, SUMATRIPTAN TAB 25MG, ZOLMITRIPTAN TAB 2.5MG
ROLVEDON INJ 13.2MG	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ROSZET TAB 10-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ROSZET TAB 20-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 20MG
ROSZET TAB 40-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 40MG
ROSZET TAB 5-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 5MG
ROXYBOND TAB 15MG	NOT COVERED	OXYCODONE TAB 15MG, HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 30MG, OXYMORPHONE TAB HCL 5MG
ROXYBOND TAB 30MG	NOT COVERED	OXYCODONE TAB 30MG, HYDROMORPHON TAB 8MG, MORPHINE SUL TAB 30MG, CODEINE SULF TAB 60MG, OXYMORPHONE TAB HCL 10MG
ROXYBOND TAB 5MG	NOT COVERED	OXYCODONE TAB 5MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG, OXYMORPHONE TAB HCL 5MG
ROZLYTREK PAK 50MG	NONPREFERRED BRAND SPECIALTY	ROZLYTREK CAP 100MG
RUBRACA	NOT COVERED	LYNPARZA, TALZENNA, ZEJULA
RUCONEST INJ 2100UNIT	NONPREFERRED BRAND SPECIALTY	ICATIBANT INJ 30MG/3ML
RYALTRIS SPR 665-25	NONPREFERRED BRAND	AZEL/FLUTIC SPR 137-50, OLOPATADINE SPR 0.6%, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG
RYCLORA SOL 2MG/5ML	NOT COVERED	CETIRIZINE SOL 1MG/ML, LEVOCETIRIZI SOL 2.5/5ML, DESLORATADIN TAB 2.5 ODT, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
RYTARY CAP 145MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP
RYTARY CAP 195MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 50-200MG, CARB/LEVO125 TAB /ENTACAP
RYTARY CAP 245MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 50-200MG, CARB/LEVO200 TAB /ENTACAP
RYTARY CAP 95MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 25-100MG, CARB/LEVO 50 TAB /ENTACAP
RYVENT TAB 6MG	NOT COVERED	CARBINOXAMIN TAB 4MG, CLEMASTINE TAB 2.68MG, PROMETHAZINE TAB 50MG, CYPROHEPTAD TAB 4MG, DESLORATADIN TAB 5MG
SAIZEN INJ 5MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SAIZEN INJ 8.8MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SAIZENPREP INJ 8.8MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SAJAZIR INJ 30MG/3ML	NOT COVERED	ICATIBANT INJ 30MG/3ML
SANCUSO DIS 3.1MG	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 4MG ODT
SANDIMMUNE SOL 100MG/ML	NONPREFERRED BRAND SPECIALTY	CYCLOSPORINE CAP 100MG
SAVAYSA TAB 15MG	NONPREFERRED BRAND	DABIGATRAN CAP 75MG, ELIQUIS TAB 2.5MG, XARELTO TAB 2.5MG, PRADAXA CAP 75MG
SAVAYSA TAB 30MG	NONPREFERRED BRAND	DABIGATRAN CAP 110MG, ELIQUIS TAB 5MG, XARELTO TAB 10MG, PRADAXA CAP 110MG
SAVAYSA TAB 60MG	NONPREFERRED BRAND	DABIGATRAN CAP 150MG, ELIQUIS TAB 5MG, XARELTO TAB 20MG, PRADAXA CAP 150MG
SAVELLA MIS TITR PAK	NONPREFERRED BRAND	DULOXETINE CAP 20MG, PREGABALIN CAP 25MG
SAVELLA TAB 100MG	NONPREFERRED BRAND	PREGABALIN CAP 300MG, DULOXETINE CAP 60MG
SAVELLA TAB 12.5MG	NONPREFERRED BRAND	PREGABALIN CAP 25MG, DULOXETINE CAP 20MG
SAVELLA TAB 25MG	NONPREFERRED BRAND	PREGABALIN CAP 75MG, DULOXETINE CAP 30MG
SAVELLA TAB 50MG	NONPREFERRED BRAND	PREGABALIN CAP 200MG, DULOXETINE CAP 60MG
SAXA/METFOR TAB 2.5-1000	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 50-500MG
SAXA/METFOR TAB 5-1000MG	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 100-1000
SAXA/METFOR TAB 5-500MG	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 50-1000
SAXAGLIPTIN TAB 2.5MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 25MG
SAXAGLIPTIN TAB 5MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 100MG
SAXENDA INJ 18MG/3ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
SECUADO DIS 3.8MG	NONPREFERRED BRAND	QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, ZIPRASIDONE CAP 20MG, ASENAPINE SUB 2.5MG
SECUADO DIS 5.7MG	NONPREFERRED BRAND	QUETIAPINE TAB 150MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, ZIPRASIDONE CAP 40MG, ASENAPINE SUB 5MG
SECUADO DIS 7.6MG	NONPREFERRED BRAND	QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, ZIPRASIDONE CAP 80MG, ASENAPINE SUB 10MG
SEGLENTIS TAB 56-44MG	NOT COVERED	CELECOXIB CAP 50MG, TRAMADOL HCL TAB 50MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SEGLUROMET TAB 2.5-1000	NOT COVERED	SYNJARDY TAB 5-1000MG, XIGDUO XR TAB 5-1000MG
SEGLUROMET TAB 2.5-500	NOT COVERED	SYNJARDY TAB 5-500MG, XIGDUO XR TAB 5-1000MG
SEGLUROMET TAB 7.5-1000	NOT COVERED	SYNJARDY TAB, XIGDUO XR TAB 10-1000
SEGLUROMET TAB 7.5-500	NOT COVERED	SYNJARDY TAB 12.5-500, XIGDUO XR TAB 5-1000MG
SEMGLEE INJ 100U/ML	NOT COVERED	BASAGLAR INJ 100UNIT, LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML, LEVEMIR INJ
SEMGLEE SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML, LEVEMIR INJ
SERNIVO SPR	NOT COVERED	BETAMETH DIP CRE 0.05%, TRIAMCINOLON CRE 0.5%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.05%, DIFLORASONE CRE 0.05%
SERNIVO SPR 0.05%	NOT COVERED	BETAMETH DIP CRE 0.05%, TRIAMCINOLON CRE 0.5%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.05%, DIFLORASONE CRE 0.05%
SERTRALINE CAP 150MG	NONPREFERRED BRAND	SERTRALINE TAB 25MG, FLUOXETINE CAP 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG
SERTRALINE CAP 200MG	NONPREFERRED BRAND	SERTRALINE TAB 100MG, FLUOXETINE CAP 40MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, PAROXETINE TAB 40MG
SEYSARA TAB 100MG	NOT COVERED	DOXYCYCLINE TAB 150MG, AVIDOXY TAB 100MG, MINOCYCLINE TAB 75MG
SEYSARA TAB 150MG	NOT COVERED	DOXYCYCLINE TAB 150MG, AVIDOXY TAB 100MG, MINOCYCLINE TAB 100MG
SEYSARA TAB 60MG	NOT COVERED	DOXYCYCLINE TAB 150MG, DOXYCYC MONO TAB 50MG, MINOCYCLINE TAB 50MG
SFROWASA ENE 4GM	NONPREFERRED BRAND	MESALAMINE ENE 4GM, SULFASALAZIN TAB 500MG, BALSALAZIDE CAP 750MG, PENTASA CAP 500MG CR
SIKLOS TAB 1000MG	NONPREFERRED BRAND	DROXIA CAP 400MG
SIKLOS TAB 100MG	NONPREFERRED BRAND	DROXIA CAP 200MG
SILIQ INJ 210/1.5	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SIMBRINZA SUS 1-0.2%	NONPREFERRED BRAND	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, BRINZOLAMIDE SUS 1% OP, BRIMONIDINE SOL 0.2% OP
SITAVIG TAB 50MG	NONPREFERRED BRAND	ACYCLOVIR OIN 5%
SKYTROFA INJ 11MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 13.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
SKYTROFA INJ 3.6MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 4.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 5.2MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 6.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 7.6MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 9.1MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SLYND TAB 4MG	NONPREFERRED BRAND	CAMILA TAB 0.35MG
SOAANZ TAB 20MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, FUROSEMIDE TAB 40MG, ETHACRYNIC TAB ACD 25MG
SOAANZ TAB 40MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, FUROSEMIDE TAB 40MG, ETHACRYNIC TAB ACD 25MG
SOAANZ TAB 60MG	NOT COVERED	TORSEMIDE TAB 100MG, BUMETANIDE TAB 2MG, FUROSEMIDE TAB 80MG, ETHACRYNIC TAB ACD 25MG
SOD OXYBATE SOL 500MG/ML	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG, ARMODAFINIL TAB 50MG
SOGROYA INJ 10MG/1.5	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SOGROYA INJ 15MG/1.5	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
SOGROYA INJ 5MG/1.5	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SOLOSEC GRA 2GM	NOT COVERED	METRONIDAZOL TAB 500MG, CLINDAMYCIN CAP 75MG
SOLTAMOX SOL 10MG/5ML	NONPREFERRED BRAND	TAMOXIFEN TAB 10MG
SORILUX AER 0.005%	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%
SOTYKTU TAB 6MG	NONPREFERRED BRAND SPECIALTY	OTEZLA TAB 30MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML
SOTYLIZE SOL 5MG/ML	NONPREFERRED BRAND	SOTALOL HCL TAB 240MG
SOVALDI PAK 150MG	NONPREFERRED BRAND SPECIALTY	EPCLUSA PAK 150-37.5, SOFOS/VELPAT TAB 400-100
SOVALDI PAK 200MG	NONPREFERRED BRAND SPECIALTY	EPCLUSA PAK 200-50MG, SOFOS/VELPAT TAB 400-100
SOVALDI TAB 200MG	NONPREFERRED BRAND SPECIALTY	EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
SOVALDI TAB 400MG	NONPREFERRED BRAND SPECIALTY	EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
SPRITAM TAB 1000MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 250MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 500MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 750MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRIX SPR 15.75MG	NOT COVERED	KETOROLAC TAB 10MG, MELOXICAM TAB 15MG, ETODOLAC CAP 300MG, NABUMETONE TAB 750MG, CELECOXIB CAP 400MG
SPS SUS 15GM/60	NONPREFERRED BRAND	SOD POLY SUL POW, VELTASSA POW 8.4GM
SSKI SOL 1GM/ML	NONPREFERRED BRAND	POT IODIDE SOL 1GM/ML
STEGLATRO TAB 15MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
STEGLATRO TAB 5MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
STEGLUJAN TAB 15-100MG	NOT COVERED	GLYXAMBI TAB 25-5 MG
STEGLUJAN TAB 5-100MG	NOT COVERED	GLYXAMBI TAB 10-5 MG
STENDRA TAB 100MG	NONPREFERRED BRAND	SILDENAFIL TAB 50MG, TADALAFIL TAB 5MG, VARDENAFIL TAB 5MG
STENDRA TAB 200MG	NONPREFERRED BRAND	SILDENAFIL TAB 100MG, TADALAFIL TAB 20MG, VARDENAFIL TAB 20MG
STENDRA TAB 50MG	NONPREFERRED BRAND	SILDENAFIL TAB 25MG, TADALAFIL TAB 2.5MG, VARDENAFIL TAB 2.5MG
STIMUFEND INJ 6/0.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
STRIVERDI AER 2.5MCG	NONPREFERRED BRAND	SEREVENT DIS AER 50MCG, TIOTROP BROM CAP 18MCG, SPIRIVA AER 1.25MCG, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
SUFLAVE SOL	NONPREFERRED BRAND	GAVILYTE-G SOL, PEG/NASUL/C/ SOL NACL/POT, SODIUM/POTAS SOL MAGNESIU
SULCONAZOLE CRE 1%	NONPREFERRED BRAND	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
SULCONAZOLE SOL 1%	NONPREFERRED BRAND	CLOTRIMAZOLE SOL 1%, KETOCONAZOLE CRE 2%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, CLOTRIM/BETA CRE DIPROP
SULFAMYLON CRE 85MG/GM	NONPREFERRED BRAND	SILVER SULFA CRE 1%, MAFENIDE ACE PAK 5%
SUNOSI TAB 150MG	NONPREFERRED BRAND	ARMODAFINIL TAB 250MG, MODAFINIL TAB 200MG, DEXTROAMPHET TAB 30MG, AMPHET/DEXTR TAB 30MG, METHYLPHENID TAB 20MG
SUNOSI TAB 75MG	NONPREFERRED BRAND	ARMODAFINIL TAB 50MG, MODAFINIL TAB 100MG, DEXTROAMPHET TAB 2.5MG, AMPHET/DEXTR TAB 5MG, METHYLPHENID TAB 5MG
SUTAB TAB	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
SYMLINPEN 60 INJ 1000MCG	NONPREFERRED BRAND	NOVOLIN R INJ U-100
SYMLNPEN 120 INJ 1000MCG	NONPREFERRED BRAND	NOVOLIN R INJ U-100
SYMPAZAN MIS 10MG	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE CHW 5MG, RUFINAMIDE SUS 40MG/ML, TOPIRAMATE CAP 15MG
SYMPAZAN MIS 20MG	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE CHW 25MG, RUFINAMIDE SUS 40MG/ML, TOPIRAMATE CAP 25MG
SYMPAZAN MIS 5MG	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE CHW 5MG, RUFINAMIDE SUS 40MG/ML, TOPIRAMATE CAP 15MG
SYNDROS SOL 5MG/ML	NOT COVERED	DRONABINOL CAP 5MG
TADLIQ SUS 20MG/5ML	NONPREFERRED BRAND SPECIALTY	SILDENAFIL TAB 20MG, ALYQ TAB 20MG
TALICIA CAP	NONPREFERRED BRAND	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TALTZ INJ 80MG/ML	NONPREFERRED BRAND SPECIALTY	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
TAPERDEX PAK 12-DAY	NOT COVERED	DEXAMETHASON TAB 1.5MG
TAPERDEX PAK 6 DAY	NOT COVERED	DEXAMETHASON TAB 1.5MG
TAPERDEX PAK 7-DAY	NOT COVERED	DEXAMETHASON TAB 1.5MG
TASCENSO ODT TAB 0.25MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
TASCENSO ODT TAB 0.5MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 14MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
TAVABOROLE SOL 5%	NOT COVERED	CICLODAN SOL 8%, ITRACONAZOLE CAP 100MG, TERBINAFINE TAB 250MG
TAVALISSE TAB 100MG	NONPREFERRED BRAND SPECIALTY	PROMACTA TAB 12.5MG, METHYLPRED TAB 4MG, PREDNISONE TAB 1MG, PREDNISOLONE TAB 5MG, DEXAMETHASON TAB 0.5MG
TAVALISSE TAB 150MG	NONPREFERRED BRAND SPECIALTY	PROMACTA TAB 75MG, METHYLPRED TAB 32MG, PREDNISONE TAB 50MG, PREDNISOLONE TAB 5MG, DEXAMETHASON TAB 6MG
TAZAROTENE AER 0.1%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
TEGLUTIK	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB
TERIPARATIDE INJ 620/2.48	NOT COVERED	TERIPARATIDE INJ 600/2.4, TYMLOS INJ, ALENDRONATE TAB 70MG, RISEDRONATE TAB 150MG, IBANDRONATE TAB 150MG
TESTOST CYP INJ 200MG/ML	NOT COVERED	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
TESTOSTERONE INJ CYPIONAT	NOT COVERED	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
TETRACYCLINE TAB 250MG	NOT COVERED	TETRACYCLINE CAP 250MG
TETRACYCLINE TAB 500MG	NOT COVERED	TETRACYCLINE CAP 500MG
TEXACORT SOL 2.5%	NONPREFERRED BRAND	HYDROCORT LOT 2.5%, FLUOCIN ACET SOL 0.01%, MOMETASONE SOL 0.1%, TRIAMCINOLON AER SPRAY, DESONIDE GEL 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
THALITONE TAB 15MG	NOT COVERED	CHLORTHALID TAB 25MG
THYQUIDITY SOL 100MCG	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
TIGLUTIK SUS 50/10ML	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
TIROSINT CAP 100MCG	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
TIROSINT CAP 112MCG	NONPREFERRED BRAND	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG, UNITHROID TAB 112MCG
TIROSINT CAP 125MCG	NONPREFERRED BRAND	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG, UNITHROID TAB 125MCG
TIROSINT CAP 137MCG	NONPREFERRED BRAND	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG
TIROSINT CAP 13MCG	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
TIROSINT CAP 150MCG	NONPREFERRED BRAND	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
TIROSINT CAP 175MCG	NONPREFERRED BRAND	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG, UNITHROID TAB 175MCG
TIROSINT CAP 200	NONPREFERRED BRAND	EUTHYROX TAB 200MCG, LEVO-T TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG
TIROSINT CAP 25MCG	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
TIROSINT CAP 37.5MCG	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
TIROSINT CAP 44MCG	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
TIROSINT CAP 50MCG	NONPREFERRED BRAND	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG, UNITHROID TAB 50MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TIROSINT CAP 62.5MCG	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
TIROSINT CAP 75MCG	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
TIROSINT CAP 88MCG	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG
TIROSINT-SOL SOL 100MCG	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
TIROSINT-SOL SOL 112MCG	NONPREFERRED BRAND	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG, UNITHROID TAB 112MCG
TIROSINT-SOL SOL 125MCG	NONPREFERRED BRAND	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG, UNITHROID TAB 125MCG
TIROSINT-SOL SOL 137MCG	NONPREFERRED BRAND	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG
TIROSINT-SOL SOL 13MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
TIROSINT-SOL SOL 150MCG	NONPREFERRED BRAND	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
TIROSINT-SOL SOL 175MCG	NONPREFERRED BRAND	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG, UNITHROID TAB 175MCG
TIROSINT-SOL SOL 200MCG	NONPREFERRED BRAND	EUTHYROX TAB 200MCG, LEVO-T TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG
TIROSINT-SOL SOL 25MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
TIROSINT-SOL SOL 37.5/ML	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
TIROSINT-SOL SOL 44MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TIROSINT-SOL SOL 50MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG, UNITHROID TAB 50MCG
TIROSINT-SOL SOL 62.5/ML	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
TIROSINT-SOL SOL 75MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
TIROSINT-SOL SOL 88MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG
TLANDO CAP 112.5 MG	NONPREFERRED BRAND	TESTOST CYP INJ 100MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
TOBI PODHALR CAP 28MG	NONPREFERRED BRAND SPECIALTY	TOBRAMYCIN NEB 300/5ML
TOBRADEX ST SUS 0.3-0.05	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
TOBREX OIN 0.3% OP	NONPREFERRED BRAND	TOBRAMYCIN SOL 0.3% OP, GENTAMICIN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%
TOLAK CRE 4%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
TOLSURA CAP 65MG	NOT COVERED	ITRACONAZOLE CAP 100MG
TOSYMRA SOL 10MG	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
TRACLEER TAB 32MG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG
TRAMADOL SOL 5MG/ML	NOT COVERED	TRAMADOL HCL TAB 50MG
TRAMADOL HCL CAP ER 100MG	NOT COVERED	TRAMADOL HCL TAB 100MG ER
TRAMADOL HCL CAP ER 200MG	NOT COVERED	TRAMADOL HCL TAB 200MG ER
TRAMADOL HCL CAP ER 300MG	NOT COVERED	TRAMADOL HCL TAB 300MG ER
TRAMADOL HCL TAB 25MG	NOT COVERED	TRAMADOL HCL TAB 50MG
TRETINOIN GEL 0.04%	NOT COVERED	TRETINOIN GEL 0.01%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TRETINOIN GEL 0.04%PMP	NOT COVERED	TRETINOIN GEL 0.01%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRETINOIN GEL 0.08%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRETINOIN GEL 0.1%	NOT COVERED	TRETINOIN GEL 0.05%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRETINOIN GEL 0.1%PUMP	NOT COVERED	TRETINOIN GEL 0.05%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRETINOIN MICRO GEL 0.08%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRINTELLIX TAB 10MG	NONPREFERRED BRAND	VILAZODONE TAB 20MG, MIRTAZAPINE TAB 15MG, BUPROPION TAB 75MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG
TRINTELLIX TAB 20MG	NONPREFERRED BRAND	VILAZODONE TAB 40MG, MIRTAZAPINE TAB 45MG, BUPROPION TAB 100MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
TRINTELLIX TAB 5MG	NONPREFERRED BRAND	VILAZODONE TAB 10MG, MIRTAZAPINE TAB 7.5MG, BUPROPION TAB 75MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG
TRUDHESA AER 0.725MG	NOT COVERED	DIHYDROERGOT SPR 4MG/ML, SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, ERGOT/CAFFEN TAB 1-100MG, ERGOMAR SUB 2MG
TRULANCE TAB 3MG	NOT COVERED	LUBIPROSTONE CAP 8MCG, LINZESS CAP 145MCG
TUDORZA PRES AER 400/ACT	NOT COVERED	TIOTROP BROM CAP 18MCG, SPIRIVA AER 1.25MCG, BREYNA AER 160/4.5, FLUTIC/SALME AER 250/50, BREO ELLIPTA INH 100-25
TUXARIN ER TAB 54.3-8MG	NONPREFERRED BRAND	BENZONATATE CAP 100MG, HYD POL/CPM SUS 10-8/5ML, PROMETH/COD SOL 6.25-10, BROM/PSE/DM SYP
TWIRLA DIS 120-30	NOT COVERED	NORELGE/ETHI DIS 150/35, DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, CRYSELLE-28 TAB 28 TABS, DROS/ETH EST TAB LEVOMEFO
TWYNEO CRE 0.1-3%	NOT COVERED	TAZAROTENE CRE 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ERY/BENZOYL GEL 3-5%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TYBLUME CHW 0.1-0.02	NONPREFERRED BRAND	AFIRMELLE TAB 0.1-0.02, DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, CRYSELLE-28 TAB 28 TABS, APRI TAB
TYRVAYA SOL 0.03MG	NONPREFERRED BRAND	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
UDENYCA INJ 6MG/.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
UDENYCA INJ 6MG/0.6	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ULTRAVATE LOT 0.05%	NOT COVERED	BETA DIPROP LOT 0.05%, CLOBETASOL LOT 0.05%, DESOXIMETAS GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
UPTRAVI TAB 1000MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 1200MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 1400MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 1600MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 200MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 400MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 600MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 800MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI PACK TAB 200/800	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
URSODIOL CAP 200MG	NOT COVERED	URSODIOL CAP 300MG
URSODIOL CAP 400MG	NOT COVERED	URSODIOL CAP 300MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VALSARTAN SOL 20MG/5ML	NOT COVERED	VALSARTAN TAB 40MG, IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG, OLMESA MEDOX TAB 5MG, TELMISARTAN TAB 20MG
VANDAZOLE GEL 0.75%	NONPREFERRED BRAND	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
VARUBI TAB 90MG	NONPREFERRED BRAND	APREPITANT CAP 40MG
VECAMYL TAB 2.5MG	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, ATENOLOL TAB 25MG, BETAXOLOL TAB 10MG, BISOPROL FUM TAB 5MG, ACEBUTOLOL CAP 200MG
VELPHORO CHW 500MG	NONPREFERRED BRAND	LANTHANUM CHW 500MG, SEVELAMER POW 0.8GM
VELSIPITY TAB 2MG	NOT COVERED	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER
VENLAFAXINE TAB 112.5MG	NOT COVERED	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
VENLAFAXINE TAB 150MG ER	NOT COVERED	VENLAFAXINE CAP 150MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 30MG
VENLAFAXINE TAB 225MG ER	NOT COVERED	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 100MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG
VENLAFAXINE TAB 37.5 ER	NOT COVERED	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
VENLAFAXINE TAB 75MG ER	NOT COVERED	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 30MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 15MG
VENTAVIS SOL 10MCG/ML	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
VENTAVIS SOL 20MCG/ML	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16-32-48
VENTOLIN HFA AER	NOT COVERED	ALBUTEROL AER HFA
VEOZAH TAB 45MG	NONPREFERRED BRAND	ESTRADIOL TAB 0.5MG, PREMARIN TAB 0.3MG, PAROXETINE CAP 7.5MG, DOTTI DIS 0.025MG, ESTROGEL GEL
VERDESO AER 0.05%	NONPREFERRED BRAND	DESONIDE GEL 0.05%, BETAMETH DIP LOT 0.05%, FLURANDRENOL LOT 0.05%, FLUTICASONE LOT 0.05%, HYDROCORT LOT 2.5%
VEREGEN OIN 15%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, PODOFILOX GEL 0.5%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VERKAZIA EMU 0.1% OP	NONPREFERRED BRAND	LOTEPREDNOL SUS 0.5%, PREDNISOLONE SUS 1% OP, DEXAMETH PHO SOL 0.1% OP, FLUOROMETHOL SUS 0.1% OP, AZELASTINE DRO 0.05%
VERSACLOZ SUS 50MG/ML	NONPREFERRED BRAND	CLOZAPINE TAB 50MG
VESICARE LS SUS 5MG/5ML	NONPREFERRED BRAND	OXYBUTYNIN SOL 5MG/5ML, FESOTERODINE TAB 4MG ER
VEVYE DRO 0.1%	NOT COVERED	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
VIBERZI TAB 100MG	NONPREFERRED BRAND	AMITRIPTYLIN TAB 150MG, IMIPRAM HCL TAB 50MG, DOXEPIN HCL CAP 150MG, NORTRIPTYLIN CAP 75MG, DESIPRAMINE TAB 150MG
VIBERZI TAB 75MG	NONPREFERRED BRAND	AMITRIPTYLIN TAB 10MG, IMIPRAM HCL TAB 10MG, DOXEPIN HCL CAP 10MG, NORTRIPTYLIN CAP 10MG, DESIPRAMINE TAB 10MG
VIEKIRA PAK TAB	NOT COVERED	ZEPATIER TAB 50-100MG, LEDIP-SOFOSB TAB 90-400MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
VIGADRONE POW 500MG	NOT COVERED	VIGABATRIN PAK 500MG, VIGPODER POW 500MG
VIGADRONE TAB 500MG	NOT COVERED	VIGABATRIN PAK 500MG, VIGPODER POW 500MG
VIJOICE TAB 250MG	NOT COVERED	VIJOICE TAB 125MG
VIOKACE TAB 10440	NONPREFERRED BRAND	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
VIOKACE TAB 20880	NONPREFERRED BRAND	ZENPEP CAP 60000UNT, CREON CAP 36000UNT
VITAFOL-NANO TAB	NOT COVERED	PRENATAL-U CAP 106.5-1
VITAFOL-OB TAB 65-1MG	NOT COVERED	PRENATAL TAB 27-1MG, TRINATAL RX TAB 1, VINATE ONE TAB, NATALVIT TAB 75-1MG, CO-NATAL FA TAB 29-1MG
VITATHELY TAB	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, WESTAB PLUS TAB 27-1MG
VIVJOA	NONPREFERRED BRAND	FLUCONAZOLE
VOQUEZNA PAK DUAL PAK	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG
VOQUEZNA PAK TRIP PK	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG
VOQUEZNA TAB 10MG	NONPREFERRED BRAND	PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG, ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VOQUEZNA TAB 20MG	NONPREFERRED BRAND	PANTOPRAZOLE TAB 40MG, RABEPRAZOLE TAB 20MG, ESOMEPRA MAG CAP 40MG DR, LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 40MG
VOSEVI TAB	NONPREFERRED BRAND SPECIALTY	ZEPATIER TAB 50-100MG, LEDIP-SOFOSB TAB 90-400MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
VRAYLAR CAP 1.5-3MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, LURASIDONE TAB 20MG
VRAYLAR CAP 1.5MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, LURASIDONE TAB 20MG
VRAYLAR CAP 3MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 7.5MG, LURASIDONE TAB 40MG
VRAYLAR CAP 4.5MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 60MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 10MG, LURASIDONE TAB 80MG
VRAYLAR CAP 6MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 80MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, LURASIDONE TAB 120MG
VTAMA CRE 1%	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, PIMECROLIMUS CRE 1%, TACROLIMUS OIN 0.03%
VTOL LQ SOL	NOT COVERED	BAC TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG, ASCOMP/COD CAP 30MG, IBUPROFEN SUS 100/5ML
VUSION OIN	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, NYSTATIN OIN 100000
VYZULTA SOL 0.024%	NONPREFERRED BRAND	LATANOPROST SOL 0.005%, BIMATOPROST SOL 0.03%, TAFLUPROST SOL 0.0015%, TRAVOPROST DRO 0.004%, LUMIGAN SOL 0.01%
WAKIX TAB 17.8MG	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET TAB 30MG, AMPHET/DEXTR TAB 30MG, METHYLPHENID TAB 20MG, AMPHETAMINE TAB 10MG, ARMODAFINIL TAB 250MG
WAKIX TAB 4.45MG	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET TAB 2.5MG, AMPHET/DEXTR TAB 5MG, METHYLPHENID TAB 5MG, AMPHETAMINE TAB 5MG, ARMODAFINIL TAB 50MG
WEGOVY INJ 0.25MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
WEGOVY INJ 0.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
WEGOVY INJ 1.7MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
WEGOVY INJ 1MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
WEGOVY INJ 2.4MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 37.5MG
WINLEVI CRE 1%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
WYNZORA CRE	NOT COVERED	CALCIPOTRIEN OIN BETAMETH, TAZAROTENE CRE 0.1%
XACIATO GEL 2%	NOT COVERED	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
XADAGO TAB 100MG	NONPREFERRED BRAND	RASAGILINE TAB 1MG, SELEGILINE TAB 5MG
XADAGO TAB 50MG	NONPREFERRED BRAND	RASAGILINE TAB 0.5MG, SELEGILINE TAB 5MG
XELPROS EMU 0.005%	NONPREFERRED BRAND	LATANOPROST SOL 0.005%, BIMATOPROST SOL 0.03%, TAFLUPROST SOL 0.0015%, TRAVOPROST DRO 0.004%, LUMIGAN SOL 0.01%
XELSTRYM PAD 13.5/9HR	NONPREFERRED BRAND	METHYLPHENID PAD 20MG/9HR, AMPHET/DEXTR CAP 12.5 ER, DEXMETHYLPH CAP 30MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
XELSTRYM PAD 18MG/9HR	NONPREFERRED BRAND	METHYLPHENID PAD 30MG/9HR, AMPHET/DEXTR CAP 50MG ER, DEXMETHYLPH CAP 40MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
XELSTRYM PAD 4.5MG/9H	NONPREFERRED BRAND	METHYLPHENID PAD 10MG/9HR, AMPHET/DEXTR CAP 5MG ER, DEXMETHYLPHE CAP 5MG ER, LISDEXAMFETA CAP 10MG, VYVANSE CAP 10MG
XELSTRYM PAD 9MG/9HR	NONPREFERRED BRAND	METHYLPHENID PAD 15MG/9HR, AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPH CAP 15MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
XENICAL CAP 120MG	NONPREFERRED BRAND	PHENTERMINE CAP 37.5MG, DIETHYLPROP TAB 25MG
XEPI CRE 1%	NONPREFERRED BRAND	MUPIROCIN OIN 2%
XERESE CRE 5-1%	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
XHANCE MIS 93MCG	NOT COVERED	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
XIFAXAN TAB 200MG	NONPREFERRED BRAND	AZITHROMYCIN TAB 250MG, CIPROFLOXACN TAB 500MG, LEVOFLOXACIN TAB 250MG, OFLOXACIN TAB 300MG
XIFAXAN TAB 550MG	NONPREFERRED BRAND	CONSTULOSE SOL 10GM/15, AMITRIPTYLIN TAB 150MG, IMIPRAM HCL TAB 50MG, DOXEPIN HCL CAP 150MG, NORTRIPTYLIN CAP 75MG
XIMINO CAP 135MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
XIMINO CAP 45MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
XIMINO CAP 90MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
XOLEGEL GEL 2%	NONPREFERRED BRAND	KETOCONAZOLE AER 2%, CLOTRIMAZOLE SOL 1%, ECONAZOLE CRE 1%, CICLOPIROX GEL 0.77%, CLOTRIM/BETA LOT DIPROP
XOPENEX HFA AER	NONPREFERRED BRAND	ALBUTEROL AER HFA
XYOSTED INJ 100/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
XYOSTED INJ 50/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML, TESTOST CYP INJ 100MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
XYOSTED INJ 75/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
XYREM SOL 500MG/ML	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG, ARMODAFINIL TAB 50MG
XYWAV SOL 0.5GM/ML	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG, ARMODAFINIL TAB 50MG
YONSA TAB 125MG	NOT COVERED	ABIRATERONE TAB 250MG, XTANDI TAB 40MG
YUFLYMA KIT 80/0.8ML	NOT COVERED	HUMIRA PEN KIT PS/UV, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
YUFLYMA 1PEN KIT 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
YUFLYMA 2PEN KIT 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
YUFLYMA 2SYR KIT 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA START KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
YUSIMRY INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ZAVZPRET SPR 10MG	NONPREFERRED BRAND	NURTEC TAB 75MG ODT, UBRELVY TAB 50MG
ZCORT 7-DAY TAB 1.5MG	NOT COVERED	DEXAMETHASON TAB 1.5MG
ZELAPAR TAB 1.25MG	NONPREFERRED BRAND	SELEGILINE TAB 5MG, RASAGILINE TAB 0.5MG
ZELNORM TAB 6MG	NONPREFERRED BRAND	LUBIPROSTONE CAP 8MCG, LINZESS CAP 72MCG
ZEMBRACE SYM INJ 3/0.5ML	NONPREFERRED BRAND	SUMATRIPTAN INJ 4MG/0.5, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ZOLMITRIPTAN TAB 2.5MG, ALMOTRIPTAN TAB 6.25MG
ZENZEDI TAB 2.5MG	NONPREFERRED BRAND	DEXTROAMPHET TAB 2.5MG, AMPHET/DEXTR TAB 5MG, DEXMETHYLPH TAB 2.5MG, METHYLPHENID TAB 5MG, AMPHETAMINE TAB 5MG
ZENZEDI TAB 7.5MG	NONPREFERRED BRAND	DEXTROAMPHET TAB 7.5MG, AMPHET/DEXTR TAB 10MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, AMPHETAMINE TAB 5MG
ZEPBOUND INJ 10/0.5ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
ZEPBOUND INJ 12.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 37.5MG
ZEPBOUND INJ 15/0.5ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 37.5MG
ZEPBOUND INJ 2.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
ZEPBOUND INJ 5/0.5ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
ZEPBOUND INJ 7.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
ZEPOSIA CAP .92MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZEPOSIA CAP STR KIT	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZEPOSIA 7DAY CAP STR PACK	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZERVIATE DRO 0.24%	NOT COVERED	AZELASTINE DRO 0.05%, BEPOTASTINE DRO 1.5%, EPINASTINE DRO 0.05%, OLOPATADINE SOL 0.2%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ZETONNA AER 37MCG	NONPREFERRED BRAND	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
ZILXI AER 1.5%	NOT COVERED	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%, IVERMECTIN CRE 1%, DOXYCYCLINE CAP 40MG
ZITUVIO TAB 100MG	NOT COVERED	JANUVIA TAB 100MG, TRADJENTA TAB 5MG
ZITUVIO TAB 25MG	NOT COVERED	JANUVIA TAB 25MG, TRADJENTA TAB 5MG
ZITUVIO TAB 50MG	NOT COVERED	JANUVIA TAB 50MG, TRADJENTA TAB 5MG
ZOLMITRIPTAN SPR 2.5MG	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
ZOLPIDEM TAR CAP 7.5MG	NOT COVERED	ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, ESZOPICLONE TAB 1MG, RAMELTEON TAB 8MG, TRAZODONE TAB 50MG
ZOMACTON INJ 10MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 12MG
ZOMACTON INJ 5MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
ZOMIG SPR 2.5MG	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
ZONISADE SUS 100MG/5	NONPREFERRED BRAND	ZONISAMIDE CAP 100MG
ZONTIVITY TAB 2.08MG	NONPREFERRED BRAND	CLOPIDOGREL TAB 75MG
ZORYVE CRE 0.3%	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, PIMECROLIMUS CRE 1%, TACROLIMUS OIN 0.03%
ZORYVE FOAM	NONPREFERRED BRAND	ketoconazole 2% cream, ketoconazole 2% shampoo, ciclopirox 0.77% cream, desonide 0.05% cream, mometasone furoate 0.1% solution, tacrolimus 0.1% ointment
ZTLIDO PAD 1.8%	NOT COVERED	LIDOCAINE PAD 5%, GABAPENTIN CAP 100MG, PREGABALIN CAP 25MG
ZYCLARA PUMP CRE 2.5%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
ZYFLO TAB 600MG	NOT COVERED	MONTELUKAST TAB 10MG, ZAFIRLUKAST TAB 10MG
ZYLET SUS 0.5-0.3%	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
ZYPITAMAG TAB 2MG	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 20MG, FLUVASTATIN CAP 40MG, PITAVASTATIN TAB 2MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ZYPITAMAG TAB 4MG	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 40MG, FLUVASTATIN CAP 40MG, PITAVASTATIN TAB 4MG